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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732141** (7)
1. Corporation Name
WINDSOR ASSOCIATION AT CENTURY VILLAGE, INC.



Principal Place of Business C/O DAVID BERNSTEIN 66 WINDSOR D W PALM BCH FL 33417-2413	Mailing Address C/O DAVID BERNSTEIN 66 WINDSOR D W PALM BCH FL 33417-2413
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3. Date Incorporated or Qualified 03/13/1975	
4. FEI Number 59-1655340	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**DAVID BERNSTEIN
WINDSOR D 66
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	SECRETARY <input checked="" type="checkbox"/> DELETE
NAME	MCGOWAN, DOROTHY
STREET ADDRESS	WINDSOR A-4
CITY-ST-ZIP	W PALM BCH FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	DAVID BERNSTEIN
STREET ADDRESS	WINDSOR D 66
CITY-ST-ZIP	W PALM BCH FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	SALTZMAN, MANNY
STREET ADDRESS	WINDSOR N-303
CITY-ST-ZIP	W PALM BCH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SCHLANGER, NAT
STREET ADDRESS	WINDSOR O-328
CITY-ST-ZIP	W PALM BCH FL
TITLE	Director <input checked="" type="checkbox"/> DELETE
NAME	SNYDER, WILLIAM
STREET ADDRESS	WINDSOR K-227
CITY-ST-ZIP	W PALM BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SECRETARY + DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOROTHY MCGOWAN
1.3 STREET ADDRESS	WINDSOR A-4
1.4 CITY-ST-ZIP	W. Palm Bch. FL. 33417
2.1 TITLE	Treasurer + Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	David Bernstein
2.3 STREET ADDRESS	66 Windsor D
2.4 CITY-ST-ZIP	W. Palm Beach FL. 33417
3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Joseph Felder
3.3 STREET ADDRESS	96 Windsor
3.4 CITY-ST-ZIP	W. Palm Bch. FL. 33417
4.1 TITLE	V. Pres. Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jordan Krige
4.3 STREET ADDRESS	226 Windsor
4.4 CITY-ST-ZIP	W. Palm Bch. FL. 33417
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	William Snyder
5.3 STREET ADDRESS	Windsor K-227
5.4 CITY-ST-ZIP	W. Palm Bch. FL. 33417
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Bernstein* **FILED** 2/9/98 561-683-0869

CR2E037 (10/97)