NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCU	MENT	#	732	141

1. Corporation Name

WINDSOR ASSOCIATION AT CENTURY VILLAGE, INC.

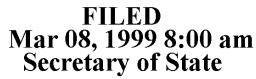
Principal Place of Business
C/O DAVID BERNSTEIN
66 WINDSOR D W PALM BCH FL 33417-2413

2. Principal Place of Business

Malling Address

2a. Mailing Address

C/O DAVID BERNSTEIN 66 WINDSOR D W PALM BCH FL 33417-2413



03-08-1999 90063 024 ****70.00





3. Date incorporated or Qualifed

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. CENTURY VILLAGE Suite, Apt. # 4. FEI Number 59-1655340 Not Applied For Not Applicable Suite, Apt. # 59-1655340 Suite, Apt. # 59-1655340 Suite, Apt. # 59-1655340 Not Applied For Not Applied For Not Applied For Not Applied For Suite, Apt. # 59-1655340 Suite, Apt. # 6. File Required Suite, Apt. # 6. File Re	21	note of publicate	26			03/13/1975			
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City & State Ci			CENTURY VIL	VILLAGE		59-1655340	Not App	licable	
Country Coun	City & State		334179	5. Certificate of Status Desired 2					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address (P.O. Bolders F. West Palm Beach, F.L. 33417 12. West Palm Beach, F.L. 33417 13. Name and Address (P.O. Bolders F.L. 33417 14. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purspose 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 are registered agent, and familiar type, and-appointment agent of the purspose of changing its registered office or registered agent, and familiar type, and-appointment agent of the purspose 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 agent agent of the provision of the provision of the purspose 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 of registered of directors. I hereby accept the appointment of registered of the provision of the provision of the provision of the purspose of changing its registered of the provision of the provision of the provision of the provision of the purspose of changing its registered of the provision of the purspose of changing its registered of the provision of the purspose of changing its registered of the provision of the purspose of the provision of the provision of the provision of the purspose of changing its registered of the provision	Zip		Zip 561-687-25	Вту	,	-6. Election Campaign Financing	\$5.00 May	Be	
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SIGNATURE Signature, typical or protect name of requirement agent	•	1 V Please				\mathcal{A}	128/54	0	
NAME MCGOWAN, DOROTHY STREET ADDRESS WINDSOR A -4 CITY-ST-ZP W PALM BCH FL 33417 TITLE TD DELETE 21 TITLE VF WARD DAVID BERNSTEIN STREET ADDRESS 66 WINDOR D CITY-ST-ZP W PALM BCH FL 33417 ZACITY-ST-ZP W PALM BCH FL 33417 ZACITY-ST-ZP WPALM BCH FL 33417 ZACITY-ST-ZP ZACITY-ST-ZP WPALM BCH FL 33417 ZACITY-ST-ZP ZACIT	SIGNATURE	Signature, typed or printed name of repistered agent a	7 7	d Agent	signature required t	when reinstating) DATE	<u> </u>		
NAME MCGOWAN, DOROTHY STREET ADDRESS WINDSOR A -4 CITY-ST-ZP W PALM BCH FL 33417 TITLE TD AME DAVID BERINSTEIN STREET ADDRESS BORDOR D CITY-ST-ZP W PALM BCH FL 33417 EDELETE 21THLE UP AME DAVID BERINSTEIN STREET ADDRESS BORDOR D 23 STREET ADDRESS W PALM BCH FL 33417 E-DELETE 31 STREET ADDRESS WINDSOR E 32 STREET ADDRESS WINDSOR E CITY-ST-ZP W PALM BCH FL 33417 TITLE WPD CITY-ST-ZP W PALM BCH FL 33417 CITY-ST-ZP W PALM BCH FL 33417 TITLE WPD CITY-ST-ZP W PALM BCH FL 33417 CITY-ST-ZP W PALM BCH FL 33417 TITLE WPD CITY-ST-ZP W PALM BCH FL 33417 CITY-	12.	OFFICERS AND						112 2	
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	NAME	SNYDER, WILLIAM	5.21	AME	ļ			1	
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an mark 1000-00	STREET ADDRESS		6.3 5	TREET	ADDRESS			ſ	
CITY-ST-ZIP			6.4 (TY-ST-	-ZP	•	•]	
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		ertify that the information supplied with	this filing does not qualify for the exi	emptic	n stated in Se	tion 119.07(3)(i), Florida Statutes. I further certify	that the inform	ation	

• Thereby certify that the information supplied with this falling does not qualify for the exemption stated in Section 118.07(3)(). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and eccurate 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deta Septembri

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