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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732141

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/13/1975
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1655340
City & State	City & State	5. Certificate of Status Desired
23	28	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing
24	29	<input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	Trust Fund Contribution
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 **ART CARNEY**
 82 Street Address (P.O. Box) **CENTURY VILLAGE**
 83 **Windsor Q #394**
West Palm Beach, FL 33417
 84 City **561-687-2558**
 85 Zip Code **FL**

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

Art Carney
 Signature, typed or printed name of registered agent and applicable (NOTE: Registered Agent signature required when reinstating)

DATE *2/28/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	DAVID BERNSTEIN
NAME	MCGOWAN, DOROTHY	1.2 NAME	66 WINDSOR D
STREET ADDRESS	WINDSOR A-4	1.3 STREET ADDRESS	W. PALM BCH FL 33417
CITY-ST-ZIP	W PALM BCH FL 33417	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	MORTY OLANSKY
NAME	DAVID BERNSTEIN	2.2 NAME	401 WINDSOR A
STREET ADDRESS	66 WINDSOR D	2.3 STREET ADDRESS	W. PALM BCH FL 33417
CITY-ST-ZIP	W PALM BCH FL 33417	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	ART CARNEY
NAME	FELDER, JOSEPH	3.2 NAME	394 WINDSOR Q
STREET ADDRESS	96 WINDSOR E	3.3 STREET ADDRESS	W. PALM BCH FL 33417
CITY-ST-ZIP	W PALM BCH FL 33417	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	DOROTHY MCGOWAN
NAME	KRIGEST, JORDAN	4.2 NAME	4 WINDSOR A
STREET ADDRESS	226 WINDSOR J	4.3 STREET ADDRESS	W. PALM BCH FL 33417
CITY-ST-ZIP	W PALM BCH FL 33417	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SNYDER, WILLIAM	5.2 NAME	
STREET ADDRESS	WINDSOR K-227	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33417	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Art Carney
 Date *2/28/99*
 561-687-2558

CR2E037 (1/198)