

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90026 027 \*\*\*\*61.25

<b>DOCUMENT # 742804</b> 1. Entity Name <b>WINDSOR B CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 21-40 WINDSOR B WEST PALM BEACH, FL 33417-2407 US		Mailing Address GALLAGHER P.M., INC. P.O. BOX 16096 WEST PALM BEACH, FL US	
2. Principal Place of Business - No P.O. Box # <b>21-40 WINDSOR B</b> Suite, Apt. #, etc.		3. Mailing Address <b>GALLAGHER P.M., INC</b> <b>P.O. Box 16096</b> Suite, Apt. #, etc.	
City & State <b>WEST PALM BEACH, FL</b>		City & State <b>WEST PALM BEACH, FL</b>	
Zip <b>33417-2407</b>		Zip <b>33416</b>	
Country <b>Palm Bch County</b>		Country <b>U.S</b>	
4. FEI Number <b>59-2657620</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ALLOCCA, ANTIMO</b> <b>38 WINDSOR B</b> <b>WEST PALM BEACH, FL 33417-2407</b>		7. Name and Address of New Registered Agent Name <b>FLORENCE MOLINARO</b> Street Address (P.O. Box Number is Not Acceptable) <b>26 WINDSOR B</b> City <b>WEST PALM BEACH,</b> FL Zip Code <b>33417-</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Florence M. Molinaro, Secty.</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>3/25/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANTIMO, ALLOCCA 38 WINDSOR B WEST PALM BEACH, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JUDITH AKIKI 8983 OKEECHOBEE BLVD. #202 PMB 231 WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLLHEIM, ALLAN 159 FRANKLIN ST., APT 3C STONEHAM, MA 02181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAYMOND AKIKI 8983 OKEECHOBEE BLVD. #202 PMB 231 WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AKIKI, RAY 39 WINDSOR B WEST PALM BEACH, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLORENCE M. MOLINARO 26 WINDSOR B WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TULEK, ANN 35 WINDSOR B WEST PALM BEACH, F 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDWARD WALD 21 WINDSOR B WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATALA, LYDIA 23 WINDSOR B W. PALM BEACH, FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLAN WOLLHEIM 159 FRANKLIN ST., APT. 3C STONEHAM, MA 02181
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Florence M. Molinaro</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>FLORENCE M. MOLINARO</b>		DATE <b>3/25/08 (561) 616-4454</b> <small>Daytime Phone #</small>	