## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 742804** 

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Feb 26, 2009 Secretary of State

Entity Name: WINDSOR B CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 21-40 WINDSOR B WEST PALM BEACH, FL 334172407 US **Current Mailing Address: New Mailing Address:** GALLAGHER P.M., INC. P.O. BOX 16096 WEST PALM BEACH, FL US FEI Number: 59-2657620 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOLINARD, FLORENCE 26 WINDSOR B WEST PALM BEACH, FL 334172407 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Change () Addition AKIKI, JUDITH Name: Name: 8983 OKEECHOBEE BLVD, # 202 PMB 231 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: Title: PD () Delete Title: (X) Change ( ) Addition AKIKI, RAYMOND Name: AKIKI, RAYMOND Name: Address: 8983 OKEECHOBEE BLVD. # 202 PMB 231 Address: 8983 OKEECHOBEE BLVD, # 202 PMB 231 City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: WEST PALM BEACH, FL 33411 Title: () Delete Title: (X) Change ( ) Addition MOLINARO, FLORENCE M MOLINARO, FLORENCE M Name: Name: Address: 26 WINDSOR B Address: 26 WINDSOR B City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33417 (X) Change ( ) Addition Title: TD ( ) Delete Title: Name: WALD, EDWARD Name: CLUNA, BRENDA 21 WINDSOR B Address: Address: 323 GOLDEN RIVER DR City-St-Zip: WEST PALM BEACH, F 33417 City-St-Zip: WEST PALM BEACH, F 33411

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: FLORENCE MOLINARO PRES 02/26/2009

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WOLLHEIM, ALLAN

159 FRANKLIN ST, APT 3C

STONEHAM, MA 02181

(X) Change ( ) Addition

( ) Change (X) Addition

ADAMS, GERALD

28 WINDSOR B

WPB, FL 33417

38 WINDSOR B WPB, FL 33417

BISQUERRA, NANCY