

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90023 045 ****61.25

DOCUMENT # 742806					
1. Entity Name WINDSOR D CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 66 WINDSOR D CENTURY VILLAGE WEST PALM BEACH, FL 33417			Mailing Address 66 WINDSOR D CENTURY VILLAGE WEST PALM BEACH, FL 33417		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2182690	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERNSTEIN, DAVID 66 WINDSOR D WEST PALM BEACH, FL 33417			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNSTEIN, DAVID 66 WINDSOR D WEST PALM BEACH, FL 33417	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIACENTE, DOROTHY 81 WINDSOR D WEST PALM BEACH, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TARLOV, LOIS 88 WINDSOR D WEST PALM BEACH, FL 33417	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEVERCER, HARRY 80 WINDSOR D WEST PALM BEACH, FL 33417	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOUIS PIACENTE 81 WINDSOR D W. Palm Bch., FL 33417	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHIRLEY GEVERCER 80 WINDSOR D W. Palm Bch. FL 33417	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
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>David Bernstein</i> DAVID BERNSTEIN 2/10/08 561-683-0869					