

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90147 043 \*\*\*\*61.25

<b>DOCUMENT # 742807</b>					
<b>1. Entity Name</b> WINDSOR E CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> % JOSEPH FELDER 96 WINDSOR E. WEST PALM BEACH, FL 33417			<b>Mailing Address</b> % JOSEPH FELDER 96 WINDSOR E. WEST PALM BEACH, FL 33417		
<b>2. Principal Place of Business - No P.O. Box #</b> 610 GERI WEISS		<b>3. Mailing Address</b> 112 WINDSOR E			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> WEST PALM BEACH FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-1659509	
<b>Zip</b> 33417		<b>Country</b>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03062007 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  FLEEGLE, KENNETH 94 WINDSOR E. CENTURY VILLAGE WEST PALM BEACH, FL 33417			<b>7. Name and Address of New Registered Agent</b>  Name: YOOS, HELEN Street Address (P.O. Box Number is Not Acceptable): 105 WINDSOR E.  City: WEST PALM BEACH FL Zip Code: 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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<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>		
<b>TITLE</b> P <b>NAME</b> FLEEGLE, KENNETH <b>STREET ADDRESS</b> 94 WINDSOR E <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> YOOS, HELEN <b>STREET ADDRESS</b> 105 WINDSOR E <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> OLLENDORF, DOROTHY <b>STREET ADDRESS</b> 103 WINDSOR E <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> BRESSETT, MILLIE <b>STREET ADDRESS</b> 111 WINDSOR E <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> FORD, LORRAINE <b>STREET ADDRESS</b> 92 WINDSOR E <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GIULANO, JOHN <b>STREET ADDRESS</b> 102 WINDSOR E. <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> WEISS, GERI <b>STREET ADDRESS</b> 112 WINDSOR E <b>CITY-ST-ZIP</b> W. PALM BEACH, FL	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> SPERLING, ALAN <b>STREET ADDRESS</b> 97 WINDSOR E. <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Dorothy Ollendorf</i> <b>DOROTHY OLLENDORF</b>			<b>4/3/07</b>		<b>561-688-0832</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #