

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 742809

1. Entity Name
WINDSOR G CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**140 WINDSOR, G
WEST PALM BEACH, FL 33417**

Mailing Address
**140 WINDSOR, G
WEST PALM BEACH, FL 33417**

DO NOT WRITE IN THIS SPACE



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2315660

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAMBROU, VALERIE
148 WINDSOR, G
WEST PALM BEACH, FL 33417**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **V**
NAME **LAMBROU, VALERIE**
STREET ADDRESS **148 WINDSOR G**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **P**
NAME **ORLANDO, PASQUALE**
STREET ADDRESS **147 WINDSOR G**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **S**
NAME **BARNETT, ELEANOR**
STREET ADDRESS **136 WINDSOR G**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **T**
NAME **FIDELMAN, VIVIAN**
STREET ADDRESS **140 WINDSOR G**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **2T**
NAME **MAIORANO, JOAN**
STREET ADDRESS **142 WINDSOR G**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **AS**
NAME **BRICKHOUSE, LEONE**
STREET ADDRESS **135 WINDSOR G**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

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-02/11/08-80004-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Valerie Lambrou

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Jan 24/07

Date

Daytime Phone #

561-615-7297

VALERIE LAMBROU