

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742809

FILED
Jan 26, 2009
Secretary of State

Entity Name: WINDSOR G CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

140 WINDSOR, G
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

140 WINDSOR, G
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 59-2315660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: V () Delete
Name: LAMBROU, VALERIE
Address: 148 WINDSOR G
City-St-Zip: WEST PALM BEACH, FL 33417

Title: P () Delete
Name: ORLANDO, PASQUALE
Address: 147 WINDSOR G
City-St-Zip: WEST PALM BEACH, FL 33417

Title: S () Delete
Name: BARNETT, ELEANOR
Address: 136 WINDSOR G
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T () Delete
Name: FIDELMAN, VIVIAN
Address: 140 WINDSOR G
City-St-Zip: WEST PALM BEACH, FL 33417

Title: 2T () Delete
Name: MAIORANO, JOAN
Address: 142 WINDSOR G
City-St-Zip: WEST PALM BEACH, FL 33417

Title: AS () Delete
Name: BRICKHOUSE, LEONE
Address: 135 WINDSOR G
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: VALERIE LAMBROU

VP

01/26/2009

Electronic Signature of Signing Officer or Director

Date