SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 PM 10:29

DOCUMENT # **742810** **(5)**

1. Corporation Name

WINDSOR H CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
WINDSOR H 160 CENTURY VILLAGE WEST PALM BEACH FL 33417	WINDSOR H 160 CENTURY VILLAGE WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1978
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1657207 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 WINDSOR H 181 C. VLG.	26 WINDSOR H 181 C. VLG. WEST PALM BEACH, FL 33417
Suite, Apt. #, etc. 22 WINDSOR H 181	Suite, Apt. #, etc. 27 WINDSOR H 181
City & State 23 WEST PALM BEACH, FL.	City & State 28 WEST PALM BEACH, FL
Zip 24 33417 Country 25 PALM BEACH	Zip 29 33417 Country 30 PALM BEACH

9. Name and Address of Current Registered Agent

KAHN, SELMA
160 WINDSOR H
CENTURY VILLAGE
W. PALM BEACH FL 33417

10. Name and Address of New Registered Agent

31 Name: RIMONCELLI, LORI
32 Street Address (P.O. Box Number is Not Acceptable): 181 WINDSOR H
33 CENTURY VILLAGE
34 City: WEST PALM BEACH FL 35 Zip Code: 33417

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Lori Rimoncelli DATE: 6/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	SHABINSKY, SAMUEL	12 NAME	
STREET ADDRESS	171 WINDSOR H CENT VILL	13 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH. FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	KAHN, SELMA	22 NAME	PD RIMONCELLI LORI
STREET ADDRESS	160 WINDSOR H CENT VILL	23 STREET ADDRESS	181 WINDSOR H CENT VILL
CITY-ST-ZIP	W PALM BEASH FL	24 CITY-ST-ZIP	W PALM BEACH FL. 33417
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	GEORGE, BETTY	32 NAME	VD BRANCH SHIRLEY
STREET ADDRESS	175 WINDSOR H CENT VILL	33 STREET ADDRESS	164 WINDSOR H CENT VILL
CITY-ST-ZIP	W PALM BEACH FL	34 CITY-ST-ZIP	WEST PALM BEACH, FLA 33417
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	ZINNI, ELVIRA	42 NAME	
STREET ADDRESS	122 EAST HAMPTON WAY	43 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ZINNI, MICHAEL	52 NAME	
STREET ADDRESS	122 EAST HAMPTON WAY	53 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	VRONA, MARGARET	62 NAME	
STREET ADDRESS	166 WINDSOR H CENT VILL	63 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lori Rimoncelli 6/7/95 687-4769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011183