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Mar 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # 742810 (5)**

1. Corporation Name

**WINDSOR H CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**WINDSOR H C. ULD 181  
WINDSOR H181  
WEST PALM BEACH FL 33417  
US**

Mailing Address

**WINDSOR H 181 C. ULD.  
WINDSOR H181  
WEST PALM BEACH FL 33417  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24**

Country

**25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**RIMONCELLI, LORI  
181 WINDSOR H  
CENTURY VILLAGE  
W. PALM BEACH FL 33417**

3. Date Incorporated or Qualified

**05/08/1978**

3a. Date of Last Report

**01/29/1996**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

Name

2 Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

**85**

Zip Code

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

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

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **SHABINSKY, SAMUEL**  
STREET ADDRESS **171 WINDSOR H CENT VILL**  
CITY - ST - ZIP **W PALM BCH. FL**

TITLE **PD** ☐ DELETE  
NAME **RIMONCELLI, LORI**  
STREET ADDRESS **181 WINDSOR H CENTVILL**  
CITY - ST - ZIP **W PALM BEACH FL**

TITLE **VD** ☐ DELETE  
NAME **DRANCH, SHIRLEY**  
STREET ADDRESS **164 WINDSOR H CENTVILL**  
CITY - ST - ZIP **W PALM BEACH FL**

TITLE **TD** ☐ DELETE  
NAME **ZINNI, ELVIRA**  
STREET ADDRESS **122 EAST HAMPTON WAY**  
CITY - ST - ZIP **JUPITER FL**

TITLE **D** ☐ DELETE  
NAME **ZINNI, MICHAEL**  
STREET ADDRESS **122 EAST HAMPTON WAY**  
CITY - ST - ZIP **JUPITER FL**

TITLE **SD** ☐ DELETE  
NAME **VRONA, MARGARET**  
STREET ADDRESS **166 WINDSOR H CENT VILL**  
CITY - ST - ZIP **W PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Lorraine Rimoncelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lorraine Rimoncelli*  
I further certify that the information stated in Section 119.07(3)(i), Florida Statutes, I further certify that the rate and that my signature shall have the same legal effect as if made under oath; that I submit this report as required by Chapter 617, Florida Statutes, and that my name is **LORRAINE RIMONCELLI** 2/4/97

CR2E037 (9/96)