FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # 742810 (5) | | | | |
|--|---|-------------|--|--|
| WINDSOR H CONDOMINIUM ASSOCIATION, INC. | | | |) I haren 14an 18an 18an 18an 18an 18an 18an 18an 18 |
| Principal Place of Business Mailing Address | | | | |
| Timelpar ridge of business maining riggress | | | | |
| WINDSOR H C. ULG 181 WINDSOR H 181 C. ULD. WINDSOR H181 WINDSOR H181 | | | | 3. Date Incorporated or Qualified |
| WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33412 | | | 17 | 05/08/1978 |
| us us | | | | 4. FEI Number Applied For |
| 2. Principal Place of Business 22. Mailing Address | | | | 59-1657207 Not Applicable |
| 21 26 | | | | 6. Certificate of Status Desired S8.75 Additional Fee Required |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 6. Election Campaign Financing \$5.00 May Be |
| 27 | | | | Trust Fund Contribution |
| City & State City & State | | | 7. Is this nonprofit corporation a homeowners association? | |
| 23 Zip | Country | 28 Zip | Country | |
| 24 | 25 | | 30 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| | 9, Name and Address of Current | | | 10. Name and Address of New Registered Agent |
| 81 Name FENDLEY MICHAEL | | | | |
| RIMONCELLI, LORI 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 181 WINDSOR H | | | | |
| CENTURY VILLAGE | | | | |
| W. PALM BEACH FL 33417 | | | | |
| WEST PAIN BEACH L 2 2417 | | | | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above panel 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 shoard of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | |
| agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutos | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent agent and trile if applicable.) DATE | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | Change Maddition |
| NAME | SHABINSKY, SAMUEL | | 1.2 NAME | SCHULTZ STANLEY 171 WINDSOR H CENT. VILL. |
| STREET ADDRESS | 171 WINDSOR H CENT VILL | , | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BCH. FL | To OFFICE | 1.4 CITY-ST-ZIP | WEST PALM BEACH FL 33417 Change Maddition |
| TITLE | PD POPULATION | DELETE | 2.1 TITLE | - · - |
| NAME | RIMONCELLI, LORI 181 WINDSOR H CENTVILL | | 2.2 NAME | FENDLEY, MICHAEL 181 WINDSOR H CENT. VILL |
| STREET ADDRESS CITY-ST-ZIP | W PALM BEACH FL | | 2.3 STREET ADDRESS | WEST PALM BEACH FL 33417 |
| TITLE | VD VD | IV DELETE | 2.4 CITY-ST-ZIP 3.1 TITLE | ✓ D Change |
| NAME | DRANCH, SHIRLEY | | 3.2 NAME | V ~ |
| STREET ADDRESS | 164 WINDSOR H CENTVILL | | 3.3 STREET ADDRESS | GENDRON, GERMAINE 174 WINDSORH CENT. VILL |
| CITY-ST-ZIP | W PALM BEACH FL | | 3.4. CITY-ST-ZIP | WEST PALM BEACH FL 33417 |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | . Change Addition |
| NAME | ZINNI, ELVIRA | | 4. 2 NAME | |
| STREET ADDRESS | 122 EAST HAMPTON WAY | | 4.3 STREET ADDRESS | İ |
| CITY-ST-ZIP | JUPITER FL | | 4.4 CITY-ST-ZIP | |
| TITLE | D TIME A BIOLAGE | DELETE | 5.1 TITLE | SD Change Maddition |
| NAME | ZINNI, MICHAEL | | 5.2 NAME | QUINTIN LYSE 168 WINDSORH CENT VILL |
| STREET ADDRESS | 122 EAST HAMPTON WAY | • | 5.3 STREET ADDRESS | 100 |
| CITY-ST-ZIP TITLE | JUPITER FL SD | DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | D Grange Addition |
| NAME | VRONA, MARGARET | A precie | 6.2 NAME | CARTIED PURI |
| STREET ADDRESS | 166 WINDSOR H CENT VILL | | 6.3 STREET ADDRESS | 178 WINDSORH CENT. VILL |
| | | | | TENER STATE AND ADMINISTRATION |

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, 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. (561)

301-3868

FILED

Apr 01 1998 8:00am

Secretary of State