

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 742810**

1. Corporation Name

WINDSOR H CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

WINDSOR H 181 C. ULD.
WINDSOR H181
WEST PALM BEACH FL 33417
US**FILED**
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90026 003 ***245.00



2. Principal Place of Business

21 **WINDSOR H C. ULG 182**

Suite, Apt. #, etc.

22 **WINDSOR H182**

City & State

23 **WEST PALM BEACH FL**

Zip

24 **33417** 25 **US**

2a. Mailing Address

26 **WINDSOR H 182 C. ULD**

Suite, Apt. #, etc.

27 **WINDSOR H182**

City & State

28 **WEST PALM BEACH FL**

Zip

29 **33417** 30 **US**

3. Date Incorporated or Qualified

05/08/1978

4. FEI Number

59-1657207

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

FENDLEY, MICHAEL
181 WINDSOR H
CENTURY VILLAGE
W PALM BCH FL 33417

10. Name and Address of New Registered Agent

81 Name **STOCKEL JOAN**
82 Street Address (P.O. Box Number is Not Acceptable)
182 WINDSOR H
83 **CENTURY VILLAGE**
84 City **W. PALM BCH** 85 Zip Code **FL 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

Joan Stockel
Signature, typed or printed name of registered agent and title if applicable.*SECRETARY*
(NOTE: Registered Agent signature required when reinstating)**1-21-99**
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SCHULTZ, STANLEY**
STREET ADDRESS **171 WINDSOR H CENT VILL**
CITY-ST-ZIP **W PALM BCH. FL 33417**TITLE **PD** ☒ DELETE
NAME **FENDLEY, MICHAEL**
STREET ADDRESS **181 WINDSOR H CENT VILL**
CITY-ST-ZIP **W PALM BEACH FL 33417**TITLE **VD** ☐ DELETE
NAME **GENDRON, GERMAINE**
STREET ADDRESS **174 WINDSOR H CENT VILL**
CITY-ST-ZIP **W PALM BEACH FL 33417**TITLE **TD** ☐ DELETE
NAME **ZINNI, ELVIRA**
STREET ADDRESS **122 EAST HAMPTON WAY**
CITY-ST-ZIP **JUPITER FL**TITLE **SD** ☐ DELETE
NAME **QUINTIN, LYSE**
STREET ADDRESS **168 WINDSOR H CENT VILL**
CITY-ST-ZIP **W PALM BCH FL 33417**TITLE **D** ☐ DELETE
NAME **COTTLER, RUTH**
STREET ADDRESS **178 WINDSOR H CENT VILL**
CITY-ST-ZIP **W PALM BEACH FL 33417**

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-ZIP2.1 TITLE **SD** ☐ Change ☒ Addition
2.2 NAME **STOCKEL, JOAN**
2.3 STREET ADDRESS **182 WINDSOR H CENT VILL**
2.4 CITY-ST-ZIP **W. PALM BEACH FL 33417**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with a letter like empowered.

SIGNATURE:

Joan Stockel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-21-99**
Date**686-8707**
Daytime Phone #

CR2E037 (11/98)