

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90023 008 \*\*\*\*61.25

**DOCUMENT # 742810**

1. Entity Name

**WINDSOR H CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**WINDSOR HC ULG 182  
 WEST PALM BEACH FL 33417  
 US**

Mailing Address

**WINDSOR HC ULG 182  
 WINDSOR H181  
 WEST PALM BEACH FL 33417  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1657207**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOCKEL, JOAN.  
 182 WINDSOR H  
 CENTURY VILLAGE  
 W PALM BCH FL 33417**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **SCHULTZ, STANLEY**  
 CITY-ST-ZIP **171 WINDSOR H CENT VILL  
 W PALM BCH. FL 33417**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **STOCKEL, JAON**  
 CITY-ST-ZIP **182 WINDSOR H CV  
 W PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **GENDRON, GERMAINE**  
 CITY-ST-ZIP **174 WINDSOR H CENT VILL  
 W PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **SD**  
 STREET ADDRESS **QUINTIN, LYSE**  
 CITY-ST-ZIP **168 WINDSOR H CENT VILL  
 W PALM BCH FL 33417**

TITLE ☐ Change ☒ Addition  
 NAME **SD**  
 STREET ADDRESS **SPANIER, DOROTHY**  
 CITY-ST-ZIP **165 WINDSOR H C.V.  
 WEST PALM BEACH FL 33417**

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **SPANIER, JOE**  
 CITY-ST-ZIP **165 WINDSOR H CENT VILL  
 WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOAN STOCKEL S. DIRECTOR**  
**Joan Stockel**

**Jan 17, 2002 561-686-8707**

CR2E037 (9/01)