

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90032 043 ****61.25

DOCUMENT # 742810

1. Entity Name

WINDSOR H CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

WINSOR HC ULG 165
WEST PALM BEACH FL 33417
US

Mailing Address

JOSEPH SPANIER
165 WINDSOR H
WEST PALM BEACH FL 33417-2430
US

2. Principal Place of Business

3. Mailing Address

2575 HOMERWOOD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WEST PALM Bch

City & State

City & State

FL

Zip

Country

Zip

33406

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

SPANIER, JOE
165 WINDSOR H
CENTURY VILLAGE
W PALM Bch FL 33417

Name PRUITTS PROPERTY MANAGEMENT

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

2575 HOMERWOOD RD

City WEST PALM Bch

FL

Zip Code

33406

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BAGLIORE, ANTHONY	
STREET ADDRESS	176 WINDSOR H	
CITY-ST-ZIP	W PALM Bch. FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STOCKEL, JAON	
STREET ADDRESS	182 WINDSOR H CV	
CITY-ST-ZIP	W PALM BEACH FL 33417	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GENDRON, GERMAINE	
STREET ADDRESS	174 WINDSOR H CENT VILL	
CITY-ST-ZIP	W PALM BEACH FL 33417	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZINNI, ELVIRA	
STREET ADDRESS	122 EAST HAMPTON WAY	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPANIER, DOROTHY	
STREET ADDRESS	165 WINDSOR H C.V.	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SPANIER, JOE	
STREET ADDRESS	165 WINDSOR H CENT VILL	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shirley Dranch	
STREET ADDRESS	164 Windsor H	
CITY-ST-ZIP	W. Palm Bch. FL 33417	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl Bickford	
STREET ADDRESS	178 Windsor H	
CITY-ST-ZIP	W. Palm Bch. FL 33417	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marvin Fajertag	
STREET ADDRESS	177 Windsor H	
CITY-ST-ZIP	W. Palm Bch. FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #