

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90139 033 \*\*\*\*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

**2575 HOMEWOOD RD  
WEST PALM BEACH FL 33406  
US**

**50006968**



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

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**PRUITTS PROPERTY MGMT  
2575 HOMEWOOD RD  
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

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. 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 reconstituting)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 checked="" type="checkbox"/> Delete
NAME	BAGLIORE, ANTHONY	
STREET ADDRESS	176 WINDSOR H	
CITY-ST-ZIP	W PALM BCH. FL 33417	
TITLE	SD	
NAME	STOCKEL, JAON	
STREET ADDRESS	182 WINDSOR H CV	
CITY-ST-ZIP	W PALM BEACH FL 33417	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GENDRON, GERMAINE	
STREET ADDRESS	174 WINDSOR H CENT VILL	
CITY-ST-ZIP	W PALM BEACH FL 33417	
TITLE	TD	<input checked="" 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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY SPANIER	
STREET ADDRESS	165 WINDSOR H	
CITY-ST-ZIP	W PB FL 33406	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL BICKFORD	
STREET ADDRESS	178 WINDSOR H	
CITY-ST-ZIP	WEST PALM BCH FL 33406	
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		
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 exemptions contained in Section 119, 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 #