


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90036 035 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # 742810</b>   |  |
| 1. Entity Name<br><b>WINDSOR H CONDOMINIUM ASSOCIATION, INC.</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>WINSOR HC ULG 165<br/>WEST PALM BEACH, FL 33417 US</b> | Mailing Address<br><b>2575 HOMEWOOD RD<br/>WEST PALM BEACH, FL 33406 US</b> |
|--|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

40063210



02202008 Chg-NP CR2E037 (12/06)

|  |  |  |                          |
|--|--|--|--------------------------|
| 6. Name and Address of Current Registered Agent                        |  | 7. Name and Address of New Registered Agent        |                          |
| PRUITTS PROPERTY MGMT<br>2575 HOMEWOOD RD<br>WEST PALM BEACH, FL 33406 |  | Name <u>PRUITTS PROPERTY MANAGEMENT</u>            |                          |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |                          |
|  |  | <u>4895 GARDNER LN</u>                             |                          |
|  |  | City <u>LAKE WORTH</u>                             | FL Zip Code <u>33463</u> |

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 *Donnell Pruitt* Donnell Pruitt 3-31-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE.

|   |   |  |  |
|---|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SPANIER, DOROTHY<br>165 WINDSOR H<br>W PALM BCH., FL 33417 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <u>Tony Bagliore</u><br><u>176 Windsor H</u><br><u>W. Palm Beach, FL 33417</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>STOCKEL, JOAN<br>182 WINDSOR H CV<br>W PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BICKFORD, CARL<br>178 WINDSOR H<br>W PALM BEACH, FL 33417 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DRANCH, SHIRLEY<br>164 WINDSOR H<br>WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SPANIER, JOE<br>165 WINDSOR H CENT VILL<br>WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Joseph Spanier* Pres. 3-27-08 561-471-8503  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #