


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 23 PM 3:56


| | | |
|---|--|---|
| DOCUMENT # 742811 | |  |
| 1. Entity Name WINDSOR I CONDOMINIUM ASSOCIATION, INC. | | |

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| Principal Place of Business 206 WINDSOR I WST PALM BEACH, FL 33417 US | Mailing Address 206 WINDSOR I WST PALM BEACH, FL 33417 US |
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|--|-------------------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 193 WINDSOR I |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|-------------------------------------|-------------------------------------|
| City & State WEST PALM BEACH, FL | City & State WEST PALM BEACH, FL |
| Zip 33417 | Country PALM BEACH |

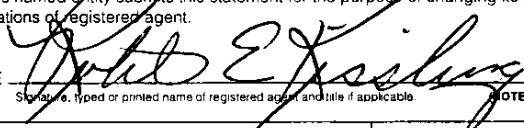
REINSTATEMENT
5/15/24/17



10162007 REIN-NP CR2E099 (1/07)

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| 6. Name and Address of Current Registered Agent WANTUCH, CHESTER J 206 WINDSOR I W PALM BCH, FL 33417 | | 7. Name and Address of New Registered Agent Name ROBERT E. KISSLING Street Address (P.O. Box Number is Not Acceptable) 193 WINDSOR I City WEST PALM BEACH FL Zip Code 33417 | |
|--|--|--|--|

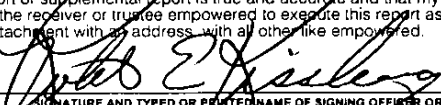
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE  10-18-07
NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WANTUCH, CHESTER J 206 WINDSOR I WEST PALM BCH, FL 33417 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200111195082 10/23/07--01020--008 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FRIESNER, JANET 195 WINDSOR I WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MARLENE DUNKER 192 WINDSOR I WEST PALM BEACH FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D IMPELLIZZERI, PHYLLIS 191 WINDSOR I WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRIESNER, JANET 195 WINDSOR I WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HAMMERSCHLAG, BARBARA 186 WINDSOR I WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KISSLING, ROBERT E. 193 WINDSOR I WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MESTOR, MIKE 194 WINDSOR I WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KISSLING, ROBERT 193 WINDSOR I WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAMMERSCHLAG, BARBARA 186 WINDSOR I WEST PALM BEACH FL 33417 <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:  10-18-07 561-616-0224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT E. KISSLING