


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 742811</b> 1. Entity Name <b>WINDSOR I CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>206 WINDSOR I WEST PALM BEACH, FL 33417 US</b>	Mailing Address <b>193 WINDSOR I WEST PALM BEACH, FL 33417</b>
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02102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1655369</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KISSLING, ROBERT E 193 WINDSOR I WEST PALM BEACH, FL 33417</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**U000000834367  
02/28/08-80050-017 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WANTUCH, CHESTER J 206 WINDSOR I WEST PALM BCH, FL 33417</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DUNFEE, MARLENE 192 WINDSOR I WEST PALM BEACH, FL 33417</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRIESINER, JANET 195 WINDSOR I WEST PALM BEACH, FL 33417</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KISSLING, ROBERT E 193 WINDSOR I WEST PALM BEACH, FL 33417</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MESTOR, MIKE 194 WINDSOR I WEST PALM BEACH, FL 33417</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HAMMERSCHLAG, BARBARA 186 WINDSOR I WEST PALM BEACH, FL 33417</b>

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IN THIS SPACE**

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:**  **ROBERT E. KISSLING** **2-16-08** **561-616-0224**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #