FILE NOW: FILING FEE IS $61.25

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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **742815** **(4)**

1. Corporation Name
WINDSOR N CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
2H
[redacted] WINDSOR N
W PALM BCH FL 33417

Mailing Address
311
[redacted] WINDSOR N
W PALM BCH FL 33417-2453

3. Date Incorporated or Qualified: 05/08/1978
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-1655293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SALTZMAN, EMANUEL
WINDSOR N303
W PALM BCH FL 33417

10. Name and Address of New Registered Agent

81 Name: LEVINE VERA
82 Street Address (P.O. Box Number is Not Acceptable): WINDSOR N 311
83 W. PALM BEACH FL, 33417
84 City: W PALM BEACH FL 85 Zip Code: 33417

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Vera Levine VERA LEVINE — 4-14-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SALTZMAN, EMANUEL		1.2 NAME	STERNTHAL SYLVIA	
STREET ADDRESS	WINDSOR N303 CENT VIL		1.3 STREET ADDRESS	WINDSOR N 320 CENT VIL	
CITY-ST-ZIP	W PALM BCH, FL 00000		1.4 CITY-ST-ZIP	W.P.B. FL 33417	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, VERA		2.2 NAME		
STREET ADDRESS	WINDSOR N311 CENT VIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FIRESTONE, PEARL		3.2 NAME		
STREET ADDRESS	WINDSOR N312 CENT.VIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	ZAGER, THELMA		4.2 NAME	MARION SUSLAK	
STREET ADDRESS	WINDSOR N 304 CENT VIL		4.3 STREET ADDRESS	WINDSOR N 325 CENT VIL	
CITY-ST-ZIP	W PALM BCH FL		4.4 CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRIEDMAN, SHIRLEY		5.2 NAME		
STREET ADDRESS	310 WINDSOR - NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vera Levine REQUIRED — 4-01-97 — 561-684-2460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0038447