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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742815 (4)
1. Corporation Name
WINDSOR N CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 311 WINDSOR N W PALM BCH FL 33417 US	Mailing Address 311 WINDSOR N W PALM BCH FL 33417 US
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3. Date Incorporated or Qualified 05/08/1978	
4. FEI Number 59-1655293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**VERA, LEVINE
WINDSOR N 311
W PALM BCH FL 33417**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	STERNTAL, SYLVIA
STREET ADDRESS	WINDSOR N 320 CENTTT VL
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	TD <input type="checkbox"/> DELETE
NAME	LEVINE, VERA
STREET ADDRESS	WINDSOR N311 CENT VL
CITY-ST-ZIP	W PALM BCH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	FIRESTONE, PEARL
STREET ADDRESS	WINDSOR N312 CENT.VL
CITY-ST-ZIP	W PALM BCH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	SUSLAK, MARION
STREET ADDRESS	WINDSOR N 325 CENT VIL
CITY-ST-ZIP	W PALM BCH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	FRIEDMAN, SHIRLEY
STREET ADDRESS	310 WINDSOR - NORTH
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARION SUSLAK
1.3 STREET ADDRESS	WINDSOR N 325
1.4 CITY-ST-ZIP	W PALM BEACH FL 33417
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Sandra B. Mortham* **SIGNATURE REQUIRED LEVINE 4-5-98 561-684-2460**

CR2E037 (10/97)