

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90031 033 ****61.25

DOCUMENT # 742815 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1655293	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent VERA, LEVINE WINDSOR N 311 W PALM BCH, FL 33417				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARION SUSLAK WINDSOR N 325 W PALM BCH, FL 00000, 33417	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORIS SAARI 306 WINDSOR N WEST PALM BEACH, FL 33417	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVINE, VERA WINDSOR N311 CENT VIL W PALM BCH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALLY LITT 308 WINDSOR N WEST PALM BEACH, FL 33417	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIRESTONE, PEARL WINDSOR N312 CENT.VIL W PALM BCH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHN ZAGER 304 WINDSOR N WEST PALM BEACH, FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAARI, DORIS 306 WINDSOR N WEST PALM BEACH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHN ZAGER 304 WINDSOR N WEST PALM BEACH, FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition

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03032004 Chg-NP CR2E037 (10/03)

12. 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 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: Vera Levine **3-7-04** **561-684-2460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #