

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742815

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** WINDSOR N CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

311 WINDSOR N  
WEST PALM BEACH, FL 33417 US

**New Principal Place of Business:**

**Current Mailing Address:**

GALLAGHER P. M., INC.  
P. O. BOX 16096  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

311 WINDSOR N  
WEST PALM BEACH, FL 33417 US

**FEI Number:** 59-1655293

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVINE, VERA  
311 WINDSOR N  
WEST PALM BCH, FL 33417 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: LADEN, BONNIE  
Address: 317 WINDSOR N  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: P  
Name: ZAGAR, JOHN  
Address: 304 WINDSOR N  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: T  
Name: LEVINE, VERA  
Address: 311 WINDSOR N  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S  
Name: DRAKE, RENE  
Address: 318 WINDSOR N  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D  
Name: WATSON, ROGER  
Address: 324 WINDSOR N  
City-St-Zip: WEST PALM BEACH, FL 33417 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VERA LEVINE

T

03/31/2011

Electronic Signature of Signing Officer or Director

Date