

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90250 002 ****61.25

DOCUMENT # 742816

1. Entity Name
WINDSOR O CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**327 WINDSOR O
WEST PALM BEACH, FL 33417 US**

Mailing Address
**339 WINDSOR O
WEST PALM BEACH, FL 33417 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**327 WINDSOR O
WEST PALM BEACH**

Zip

Country

Zip

Country

33417 P.B.

03122006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1728622

Applied For

Not Applicable

5. Certificate of Status Desired ☐ -

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MESCHES, PA, LARRY M
525 S FLAGLER DR, STE 200
WEST PALM BEACH, FL 33401**

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, 2006**

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 PD
NAME KARPF, GERARD C ☐ Delete
STREET ADDRESS 327 WINDSOR O
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE **ATD**
NAME **AUDREY MICHAEL** ☒ Change ☒ Addition
STREET ADDRESS **338 WINDSOR O**
CITY-ST-ZIP **W.P.B. FL 33417**

TITLE VD
NAME SLAVIN, ROBERT ☐ Delete
STREET ADDRESS 339 WINDSOR O
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME SLAVIN, ROSE ☒ Delete
STREET ADDRESS 339 WINDSOR O
CITY-ST-ZIP WEST PALM BEACH, FL 334172459

TITLE **DIRECTOR**
NAME **ROSE SLAVIN** ☒ Change ☐ Addition
STREET ADDRESS **339 WINDSOR O**
CITY-ST-ZIP **W.P.B. FL 33417**

TITLE SD
NAME GUTHARTZ, ILEAD ☐ Delete
STREET ADDRESS 334 WINDSOR O
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GUNGIORNO, EHEGN ☐ Delete
STREET ADDRESS 348 WINDSOR O
CITY-ST-ZIP WEST PALM BEACH, FL 33417

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/06