


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90005 011 ****61.25

DOCUMENT # 742816	
1. Entity Name WINDSOR O CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 348 WINDSOR O WEST PALM BEACH, FL 33417 US	Mailing Address 348 WINDSOR O WEST PALM BEACH, FL 33417 US
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2. Principal Place of Business - No P.O. Box # 348 Windsor O	3. Mailing Address 348 Windsor O
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State West Palm Beach FL	City & State West Palm Beach FL
Zip 33417	Zip 33417
Country WPB	Country WPB

03062007 Chg-NP CR2E037 (12/06)



6. Name and Address of Current Registered Agent MESCHES, PA, LARRY M 525 S FLAGLER DR, STE 200 WEST PALM BEACH, FL 33401	
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4. FEI Number 59-1728622	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KARPF, GERARD C		NAME GERALDINE GRIEFER	
STREET ADDRESS 327 WINDSOR O		STREET ADDRESS 332 WINDSOR O	
CITY-ST-ZIP WEST PALM BEACH, FL 33417		CITY-ST-ZIP WPB Florida 33417	
TITLE VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SLAVIN, ROBERT		NAME	
STREET ADDRESS 339 WINDSOR O		STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH, FL 33417		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SLAVIN, ROSE		NAME	
STREET ADDRESS 339 WINDSOR O		STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH, FL 334172459		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUTHARTZ, ILEAD		NAME ILEAN GUTHARTZ	
STREET ADDRESS 334 WINDSOR O		STREET ADDRESS 334 Windsor O WPB FL 33417	
CITY-ST-ZIP WEST PALM BEACH, FL 33417		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUNGIORNO, EHEGN		NAME EILEEN BONGIORNO	
STREET ADDRESS 348 WINDSOR O		STREET ADDRESS 348 Windsor O WPB FL 33417	
CITY-ST-ZIP WEST PALM BEACH, FL 33417		CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> Delete	TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MICHAEL, AUDREY		NAME BARBARA PEARLMAN	
STREET ADDRESS 338 WINDSOR O		STREET ADDRESS 331 Windsor O	
CITY-ST-ZIP WEST PALM BEACH, FL 33417		CITY-ST-ZIP West Palm Beach FL 33417	

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: EILEEN BONGIORNO Eileen Bongiorno 3/23/07 561 689 5621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #