


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90026 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		
2. Principal Place of Business - No P.O. Box # <i>same</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1728622	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MESCHES, PA, LARRY M 525 S FLAGLER DR, STE 200 WEST PALM BEACH FL 33401				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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Eileen Bongiorno</i> <small>Signature, typed or printed name of registered agent and title, if applicable.</small> </div> <div style="width: 40%; text-align: center;"> EILEEN BONGIORNO </div> <div style="width: 20%; text-align: right;"> DATE <i>1/25/08</i> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRIEFER, GERALDINE 332 WINDSOR O WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUTHARTZ, ILEAN 334 WINDSOR O WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONGIORNO, EILEEN 348 WINDSOR O WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEARLMAN, BARBARA 331 WINDSOR O WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* *1/25/08*