

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90019 011 ***150.00

DOCUMENT # **M51679**

1. Entity Name

WINDSOR FINANCIAL CORPORATION OF FLORIDA

Principal Place of Business	Mailing Address
5100 N OCEANBLVD SUITE 911 FT. LAUDERDALE FL 33308-3012	5100 N. OCEAN BLVD SUITE #911 FT. LAUDERDALE FL 33308-3012 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number	Applied For
59-2796181	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

PENTA, JAMES A.
5100 N. OCEAN BLVD.
SUITE 911
FT. LAUDERDALE FL 33308

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	DPC <input type="checkbox"/> Delete
NAME	PENTA, JAMES A.
STREET ADDRESS	5100 N. OCEAN BLVD, SUITE 911
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	STVD <input type="checkbox"/> Delete
NAME	PENTA, KIM M
STREET ADDRESS	46 AMBERWOOD DRIVE
CITY-ST-ZIP	WINCHESTER MA
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENTA, JAMES A.
STREET ADDRESS	5100 N. OCEAN BLVD., SUITE 911
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308-3012
TITLE	DPC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENTA, KIM M.
STREET ADDRESS	46 AMBERWOOD DRIVE
CITY-ST-ZIP	WINCHESTER, MA 01090-2233
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James A. Penta (James A. Penta) DIRECTOR 01-04-00 (954) 946-8216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)