

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02415 (0)
1. Corporation Name
WINDSOR WALK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
~~670 S. W. 10th St.~~
11911 US HWY 1 S STE 207
N PALM BCH FL 33408
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/06/1984 3a. Date of Last Report 04/26/1994
4. FEI Number 59-2644763 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 11911 US Hwy One 26 11911 US Hwy One
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 207 27 Suite 207
City & State City & State
23 No. Palm Beach, FL 28 No. Palm Beach, FL
Zip City Zip City
24 33408-2897 25 USA 29 33408-2897 30 USA

9. Name and Address of Current Registered Agent

OMURA, DUDLEY A.
11911 U.S. HWY. 1, SUITE 207
NORTH PALM BEACH FL 33408-9897

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

4/20/95

12. OFFICERS AND DIRECTORS

TITLE PD
NAME OMURA, DUDLEY A.
STREET ADDRESS 11911 US HWY 1, STE. 207
CITY- ST- ZIP NORTH PALM BEACH FL

TITLE SD
NAME OMURA, MARILYNN K.
STREET ADDRESS 11911 US HWY 1, STE. 207
CITY- ST- ZIP NORTH PALM BEACH FL

TITLE VTD
NAME WISE, JOSEPH B.
STREET ADDRESS 11911 US HWY 1, STE. 207
CITY- ST- ZIP NORTH PALM BEACH FL

TITLE VPD
NAME WISE, BARBARA
STREET ADDRESS 11911 US HWY 1, STE. 207
CITY- ST- ZIP N. PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

Date

Signature