

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business 11911 US HWY ONE STE 207 NO. PALM BEACH FL 33408-2897 US		Mailing Address 11911 US HWY ONE STE 207 NO. PALM BEACH FL 33408-2897 US		3. Date Incorporated or Qualified 04/06/1984	3a. Date of Last Report 04/27/1995
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 59-2644763	Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
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	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Dudley A. Omura* **Dudley A. Omura** **2/28/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	OMURA, DUDLEY A.	1.2 NAME	
STREET ADDRESS	11911 US HWY 1, STE. 207	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	OMURA, MARILYNN K.	2.2 NAME	
STREET ADDRESS	11911 US HWY 1, STE. 207	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VTD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WISE, JOSEPH B.	3.2 NAME	
STREET ADDRESS	11911 US HWY 1, STE. 207	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WISE, BARBARA	4.2 NAME	
STREET ADDRESS	11911 US HWY 1, STE. 207	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Dudley A. Omura* **Dudley A. Omura** **2/28/96** **(407) 626-1133**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)