

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02415**

1. Entity Name  
**WINDSOR WALK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1986 WINDSOR DRIVE  
NORTH PALM BEACH, FL 33408 US**

Mailing Address  
**1986 WINDSOR DRIVE  
NORTH PALM BEACH, FL 33408 US**



01262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2644763</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**PAVESE, ROBERT  
1986 WINDSOR DRIVE  
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000808530  
02/07/08-80052-022 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PAVESE, ROBERT
STREET ADDRESS	1986 WINDSOR DRIVE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	VSD
NAME	COMPTON, CYNTHIA
STREET ADDRESS	1894 WINDSOR DRIVE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	TD
NAME	GAUBATZ, GREGG
STREET ADDRESS	1986 WINDSOR DR
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Robert R. Pavese* **Robert R. Pavese**

**1/26/08**

**561-630-7174**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #