

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000009033

1. Entity Name

WINDSOR CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2300 GUARDS STREET
WESLEY CHAPEL, FL 33543-7707

Mailing Address

11221 REDBERRY DRIVE
DAVIE, FL 33330



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTHSCHILD, DANIEL K
11221 REDBERRY DRIVE
DAVIE, FL 33330

**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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROTHSCCHILD, DANIEL K
STREET ADDRESS 2300 GUARDS STREET
CITY-ST-ZIP WESLEY CHAPEL, FL 335437707

TITLE VD
NAME CAPLAN, RONALD L
STREET ADDRESS 2300 GUARDS STREET
CITY-ST-ZIP WESLEY CHAPEL, FL 335437707

TITLE STD
NAME NOVICK, JEROLD J
STREET ADDRESS 2300 GUARDS STREET
CITY-ST-ZIP WESLEY CHAPEL, FL 335437707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/01/08-80024-003 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *