

# 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 # **N09722** (2)

1. Corporation Name

**THE PARK AT WINDWOOD CONDOMINIUM I ASSOCIATION, INC.**



Principal Place of Business

3100 MILLWOOD TERR  
BOCA RATON FL 33431

Mailing Address

3100 MILLWOOD TERR  
BOCA RATON FL 33431

3. Date Incorporated or Qualified  
**06/12/1985**

3a. Date of Last Report  
**02/15/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number  
**59-2543000**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

GATES, PAMELA  
3130 MILLWOOD TERR., #207  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name **DAVID JAMROZ**  
82 Street Address (P.O. Box Number Is Not Acceptable) **3130 MILLWOOD TERR # 112**  
83  
84 City **BOCA RATON** FL 85 Zip Code **33431**

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 *[Signature]* **DAVID JAMROZ**  
Signature, typed or printed name of registered agent and title if applicable

*[Signature]* **DAVID JAMROZ**  
(NOTE: Registered Agent signature required when reinstating)

**2/19/96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GATES, PAMELA	<b>MOVED</b>
STREET ADDRESS	3130 MILLWOOD TERR., #207	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DONAHUE, MIRIAM	<b>DECEASED</b>
STREET ADDRESS	3100 MILLWOOD TERR #208	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMROZ, DAVID	
STREET ADDRESS	3130 MILLWOOD TERR #112	
CITY - ST - ZIP	BOCA RATON FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SIGN PYALS	
1.3 STREET ADDRESS	3130 MILLWOOD TERR #M 212	
1.4 CITY - ST - ZIP	BOCA RATON FL	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARGARET WALKER	
2.3 STREET ADDRESS	3130 MILLWOOD TERR #M 109	
2.4 CITY - ST - ZIP	BOCA RATON FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BETTY BOPELLI	
3.3 STREET ADDRESS	3130 MILLWOOD TERR #M 210	
3.4 CITY - ST - ZIP	BOCA RATON FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/19/96** **407-392-0832**

Date

Daytime Phone #

CR2E037 (12/95)