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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:47

DOCUMENT # N13167 (4)

1. Corporation Name

WINDSOR WAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5295 TOWN CENTER ROAD SUITE 200 BOCA RATON FL 33486	5295 TOWN CENTER ROAD SUITE 200 BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1986
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2639592 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K.
5295 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST Leonard Rosner	1.1 TITLE	D	☑ Change ☐ Addition
NAME	~~GOLDEN, ARNOLD~~	1.2 NAME	Leonard. Rosner	
STREET ADDRESS	~~2440~~ WINDSOR WAY CT	1.3 STREET ADDRESS	2530 Windsor Way ct.	
CITY-ST-ZIP	WEST PALM BCH. FL	1.4 CITY-ST-ZIP		
TITLE	~~VP~~ Secretary	2.1 TITLE	D/S	☑ Change ☐ Addition
NAME	ALEXANDER, DOUGLAS	2.2 NAME		
STREET ADDRESS	2499 WINDSOR WAY CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH. FL	2.4 CITY-ST-ZIP		
TITLE	~~D~~ Pres.	3.1 TITLE	P/D	☑ Change ☐ Addition
NAME	LEVIN, MORTON	3.2 NAME		
STREET ADDRESS	2555 WINDSOR WY CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH. FL	3.4 CITY-ST-ZIP		
TITLE	~~TR~~ Treasurer	4.1 TITLE	T/D	☑ Change ☐ Addition
NAME	MCGOVERN, WILLIAM	4.2 NAME	McGovern	
STREET ADDRESS	2539 WINDSOR WAY CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP		
TITLE	~~S~~ VPres.	5.1 TITLE	VP/D	☑ Change ☐ Addition
NAME	HARTIGAN, JIM	5.2 NAME		
STREET ADDRESS	2577 SHELTINGHAM DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL	5.4 CITY-ST-ZIP		
TITLE		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)(i), 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 13 above, or on an attachment with an address.

SIGNATURE: _____ 3-29-95 (407) 790-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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