FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if changed, of



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N34415

(2)

WINDSOR SQUARE CONDOMINIUM ASSOCIATION, INC.

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Principal Place	e of Business	Mailin	Mailing Address					1 [64]	INII OSBELBIBII ONUIL D		
112 ROSE DR. FORT LAUDERD	ALE FL 33316		112 ROSE DR. FORT LAUDERDALE FL 33316-1044								
								3. Date Incorporated or Qualified 09/29/1989	3a. Date of L 01/31	ast Re /199	port 6
2. Principal Pi	ace of Business	26. Ma	2a. Mailing Address 26					4. FEI Number 65-0193189		Applied For Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
City & State)	Cit	City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25				Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curren		d Agent	1.5 5.1				10. Name and Address of New Re	gistered Agent		
					81	Na	ame				
MURRAY			82 Street Address (P.O. Box Nu			ess (P.O. Box Number is Not Acceptab	ele)				
	AUDERDALE FL 33316				83						
					84		-		FL 85	Zip C	
11. Pursuant to office or reagent. I a	to the provisions of Soctions 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	2 and 617.1 of Florida. alions of, Se	1508, Florida Statu Such change was ection 617.0503, F	ites, the a authorize lorida Sta	above ed by atutes	e-na y the s.	med corpo corporation	oration submits this statement for the p on's board of directors. I hereby accep	urpose of chang of the appointme	ing its nt as r	registered egistered
SIGNATURE _									DATE		
12,	Signature, typed or printed name of registered ag OFFICERS AN			13		ent eig	nature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE		CTORS	3 IN 12
TITLE	PVD	Duncoro	DELETE		TITLE				☐ Cha		Addition
NAME	WRIGHT, GLENN, JR.		1.21		.2 NAME						
STREET ADDRESS	112 ROSE DRIVE		1.3		1.3 STREET ADDRESS		RESS				
CITY-ST-ZIP	FORT LAUDERDALE FL				1.4 CITY-ST-ZIP						
TITLE	STD		☐ DELETE						L Cha	inge	Addition
NAME	AHNERT, ROBERT M.		22								
STREET ADDRESS	624 FLAMINGO DRIVE					ADDE					
CITY-ST-ZIP	FORT LAUDERDALE FL SD		DELETE			ST - ZI	<u></u>		Cha	ange	Addition
NAME	WRIGHT, PATRICIA				TITLE Name						
STREET ADDRESS	112 ROSE DR			STREET	ADDF	iess					
CITY-ST-ZIP	FT LAUDERDALE FL			3.4. CITY-ST-ZIP		>				-	
TITLE			☐ DELETE	4.1	TITLE				L Cha	ınge	Addition
NAME				4.2	NAME		1				
STREET ADDRESS					STREET						
CITY-ST-ZIP			DELETE		CITY-S	ST-ZIP	·		☐ Cha	ange -	Addition
TITLE			PT VELCTE		TITLE					ÿo	riduition (mail
NAME STORES ADDOCCO					name Street	I VIDI	x 66				
STREET ADDRESS					CITY-S						
CITY-ST-ZIP TITLE			DELETE		TITLE	/1 <u>41</u>			Ch	ange	Addition
NAME					NAME						
STREET ADDRESS				6.3	STREET	I ADDE	RESS				

14. I do hereby certify that the information supplied with this filing 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