

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91124 010 ****61.25

DOCUMENT # N34415

1. Entity Name

WINDSOR SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**917 N.E. 3RD STREET
 FORT LAUDERDALE FL 33301**

**917 N.E. 3RD STREET
 FORT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0193189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEDLAK, LAURA P
 917 N.E. 3RD STREET
 FORT LAUDERDALE FL 33301**

Name

LAURA P. HUGLE

Street Address (P.O. Box Number is Not Acceptable)

917 NE 3RD ST. #4

City

FORT LAUDERDALE

FL

Zip Code

33301

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.

SIGNATURE

Laura P. Sedlak

LAURA P. SEDLAK NK Laura P. Hogle 4-22-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **HOWARD, JON**
 STREET ADDRESS **917 N.E. 3RD STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☒ Change ☐ Addition
 NAME **CAROL MANGOLD**
 STREET ADDRESS **917 NE 3RD ST**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** ☐ Delete
 NAME **SAVAGE, BART**
 STREET ADDRESS **917 N.E. 3RD STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☒ Change ☐ Addition
 NAME **LAURA HUGLE**
 STREET ADDRESS **917 NE 3 ST**
 CITY-ST-ZIP **FL 33301**

TITLE **D** ☐ Delete
 NAME **HOGLE, LAURA**
 STREET ADDRESS **917 N.E. 3RD STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☒ Change ☐ Addition
 NAME **VINCE SCHINDLER**
 STREET ADDRESS **917 NE 3 ST.**
 CITY-ST-ZIP **FL 33301**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 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 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

4-23-02 *954*
462-6048

Date

Daytime Phone #

CR2E037 (9/01)