2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PI

Mar 31, 2004 8:00 am Secretary of State **DOCUMENT # N34415** 03-15-2004 90064 050 ****61.25 1: Entity Name WINDSOR SQUARE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address **66408688** 917 N.E. 3RD STREET 917 N.E. 3RD STREET FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0193189 Not Applicable Zip Country Zip Country \$8.75 Additional 5.. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOGLE, LAURA P 917 N.E. 3RD STREET FORT LAUDERDALE FL 33301 Zio Code AUDURALT 3330 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 egistered agent SIGNATURE (NOTE: Repistered Agent satingtive required when reinstaling) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D TREASURY MANGOLD, CAROL TITLE TITLE ☐ Delete ☐ Change Addition Joseph Bonfigles 917 NE 3545T NAME NAME 917 N.E. 3RD STREET STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP FORT LANDERDALE FL 33301 CITY-ST-ZIP TITLE TITLE ☐ Change Addition SCHINDLER, VINCE NAME 917 N.E. 3RD STREET STREET ADDRESS STREET ACCORESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZiP O VICE PRESU TITLE ☐ Delete TITLE ☐ Chance M Addition HOGEE LAURA" NAME NAME 917 N.E. 3RD STREET STREET ADORESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TILE TITLE ☐ Delete ☐ Change · ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 10 or Block 11 if changed, or on an attachment with an adversary with all puter like empowered.

FILED