

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N34415	
1. Entity Name WINDSOR SQUARE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 917 N.E. 3RD STREET FORT LAUDERDALE FL 33301	Mailing Address 917 N.E. 3RD STREET FORT LAUDERDALE FL 33301
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent MANGOLD, CAROL 917 N.E. 3RD STREET #5 FORT LAUDERDALE FL 33301	
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4. FEI Number 65-0193189	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 registered agent.

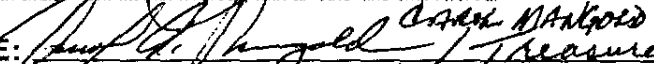
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DT	NAME MANGOLD, CAROL STREET ADDRESS 917 N.E. 3RD STREET CITY-ST-ZIP FORT LAUDERDALE FL 33301	☐ Delete	☐ Change ☐ Addition
TITLE DVPS	NAME HOGLE, LAURA STREET ADDRESS 917 N.E. 3RD STREET CITY-ST-ZIP FORT LAUDERDALE FL 33301	☐ Delete	☐ Change ☐ Addition
TITLE P	NAME BONFIGLIO, JOSEPH STREET ADDRESS 917 NE 2ND ST CITY-ST-ZIP FORT LAUDERDALE FL 33301	☐ Delete	☐ Change ☐ Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

U00000254594
03/07/05-80078-023 61.25

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 address with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 3/7/2005	DAYTIME PHONE # 954-524-9899
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