2008 NOT-FOR-PROFIT CORPORATION

Mar 10, 2008 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # N34415 03-10-2008 90071 013 ****61.25 WINDSOR SQUARE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4004664 917 N.E. 3RD STREET 917 N.E. 3RD STREET FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 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 WALSH;-THOMAS-----917 N.E. 3RD STREET Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33301 Zip Code 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 Filing Fee is \$61,25 9. Election Campaign Financing \$5.00 May Be Make check payable to Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 7TT F Delete TITLE ☐ Addition NAME DARR, KATHERINE NAME STREET ADDRESS 917 NE 3RD ST STREET ADDRESS FORT LAUDERDALE, FL 33301 CTTY-ST-7P CITY-ST-ZIP D belete Change TITLE TITLE ☐ Addition WALSH, THOMAS NAME 817 NE 3RD ST STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33301 CITY-ST-ZP CITY-ST-ZIP VDSP Addition TITLE D'Delete TITLE ☐ Change MARGOLP, CAROL NAME MAKE STREET ADDRESS 917 NE 3RD ST #5 STREET ADDRESS CITY-ST-ZIP -FORT LAUDERDALE, FL 33301 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change MANGOLD, CAROL 917 NE 3 MIST, #5 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP FORT LAUDERDALE FL 33301 CITY-ST-ZIP TITLE VICE PRES / SECLETARY ☐ Delete TITLE Change Addition BARTLETT, STEVE 917 NE 3 MEST. AT NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP ORT LAUDERDALE, FL 33301 TITLE TITLE ☐ Change ■ Addition WALSH, THOMAS 914 NE 3 L ST. #11 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORT LAUDERDALE. CITY-ST-ZIP FL 333 P/

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

FILED