

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90177 025 ****61.25

DOCUMENT # N42649

1. Entity Name
WINDSOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
735 N.W. 13 AVENUE
MIAMI, FL 33125

Mailing Address
PO BOX 65-3039
MIAMI, FL 33265

24071976



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0260817

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GONZALEZ, JESUS R
11936 SW 8TH STREET
MIAMI, FL 33184

Name

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

City

FL

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
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Delete
NAME SAEZ, MARIA JOSEFA
STREET ADDRESS 747 N.W. 13 AVENUE #3
CITY-ST-ZIP MIAMI, FL 33125

TITLE ☐ Change ☐ Addition
NAME Maria J Saez
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME RENDON, LUZ ELENA
STREET ADDRESS 735 NW 13 AVE #6
CITY-ST-ZIP MIAMI, FL 33125

TITLE ☐ Change ☐ Addition
NAME Luz Rendon
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CASTILLO, ROBERTO
STREET ADDRESS 735 N.W. 13 AVENUE #4
CITY-ST-ZIP MIAMI, FL 33125

TITLE ☐ Change ☐ Addition
NAME Roberto Castillo
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME GODOY, MARTHA
STREET ADDRESS 747 N.W. 13 AVENUE #6
CITY-ST-ZIP MIAMI, FL 33125

TITLE ☐ Change ☐ Addition
NAME Martha Godoy
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Luz Rendon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

305-553-1989

Daytime Phone #