


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N42649 1. Entity Name WINDSOR CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 735 N.W. 13 AVENUE MIAMI, FL 33125	Mailing Address PO BOX 65-3039 MIAMI, FL 33265
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DO NOT WRITE IN THIS SPACE



03012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0260817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, JESUS R 11936 SW 8TH STREET MIAMI, FL 33184	DO NOT WRITE IN THIS SPACE
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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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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAEZ, MARIA JOSEFA 747 N.W. 13 AVENUE #3 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENDON, LUZ ELENA 735 NW 13 AVE #6 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTILLO, ROBERTO 735 N.W. 13 AVENUE #4 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GODOY, MARTHA 747 N.W. 13 AVENUE #6 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/05-80076-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: 	3-18-05 305 545 97 76
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Days/Time Phone #