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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000094

1. Corporation Name

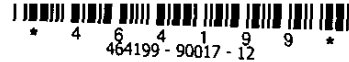
~~ST. JAMES PARK HOMEOWNERS' ASSOCIATION, INC.~~ *CHANGED TO:*
WINDSOR BAY HOMEOWNERS' ASSOCIATION, INC.
(SEE ATTACHED AMENDMENT)

Principal Place of Business

2499 GLADES ROAD
SUITE 114
BOCA RATON FL 33431
US

Mailing Address

951 BROKEN SOUND PKWY
STE 250
BOCA RATON FL 33487



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/06/1994

4. FEI Number

65-0470762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PKWY STE 250
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **D**
POPKIN, EDWARD D
STREET ADDRESS **2499 GLADES ROAD, SUITE 114**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ DELETE

NAME **D**
HOWELL, MICHAEL J
STREET ADDRESS **551 NW 77 STREET, SUITE 101**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ DELETE

NAME **D**
ALBANESE, LEONARD A
STREET ADDRESS **551 NW 77 STREET, SUITE 101**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **PD**
PALEY, MELVIN
1.3 STREET ADDRESS **5824 NW 35TH WAY**
1.4 CITY-ST-ZIP **BOCA RATON, FL 33496**

2.1 TITLE ☐ Change ☒ Addition

NAME **T.D**
SCHNURMACHER, LARRY
2.3 STREET ADDRESS **3495 NW 59TH STREET**
2.4 CITY-ST-ZIP **BOCA RATON, FL 33496**

3.1 TITLE ☐ Change ☒ Addition

NAME **SD**
BONCHICK, BOB
3.3 STREET ADDRESS **5819 NW 34TH WAY**
3.4 CITY-ST-ZIP **BOCA RATON, FL 33496**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **melvin PALEY** SIGNATURE REQUIRED

W. Paley 4/12/99 561-994-1788

CR2E037 (11/98)