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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~~)

464199 - 90017 - 12

Principal Place of Business	Mailing Address
2499 GLADES ROAD SUITE 114 BOCA RATON FL 33431 US	951 BROKEN SOUND PRKWY STE 250 BOCA RATON FL 33487

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 01/06/1994

4. FEI Number: 65-0470762 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	POPKIN, EDWARD D		1.2 NAME	PALEY, MELVIN	
STREET ADDRESS	2499 GLADES ROAD, SUITE 114		1.3 STREET ADDRESS	5824 NW 35TH WAY	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	☒ DELETE	2.1 TITLE	T.D	☐ Change ☒ Addition
NAME	HOWELL, MICHAEL J		2.2 NAME	SCHNURMACHER, LARRY	
STREET ADDRESS	551 NW 77 STREET, SUITE 101		2.3 STREET ADDRESS	3495 NW 59TH STREET	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	ALBANESE, LEONARD A		3.2 NAME	BONCHICK, BOB	
STREET ADDRESS	551 NW 77 STREET, SUITE 101		3.3 STREET ADDRESS	5819 NW 34TH WAY	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 4/12/99 561-994-1788