

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91313 040 ****61.25

DOCUMENT # N94000000094

1. Entity Name

WINDSOR BAY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~2909 GLADES ROAD
SUITE 114
BOCA RATON FL 33431
US~~~~34 BROKEN SOUND PRKWY
STE 200
BOCA RATON FL 33487~~**PLEASE NOTE NEW ADDRESSES**

2. Principal Place of Business

AKAM South, Inc.

3. Mailing Address

AKAM South, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

551 N.W. 77th Street Suite 212**551 NW 77th Street Suite 212**

City & State

City & State

Boca Raton, FL**Boca Raton, FL**

Zip

Zip

33487

Country

USA

Country

USA

4. FEI Number

65-0470762

Applied For

Not Applicable

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

AKAM South, Inc.
One Boca Commerce Center
551 NW 77 Street, Suite 212
Boca Raton, Florida 33487Name **AKAM South, Inc.**Street Address (P.O. Box Number is Not Acceptable)
551 NW 77th Street Suite 212City **Boca Raton****FL**Zip Code
33487

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.

SIGNATURE

Ellen Lohr**5/9/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALEY, MELVIN 5824 NW 35TH WAY BOCA RATON FL 33496	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHNURMACHER, LARRY 3495 NW 59TH STREET BOCA RATON FL 33496	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BONCHICK, BOB 5819 NW 34TH WAY BOCA RATON FL 33496	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bonchick, Bob 5819 NW 34th Way Boca Raton, FL 33496	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rubinstein, Stuart 3475 Windsor Place Boca Raton, FL 33496	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dr. William Kay 3420 Windsor Place Boca Raton, FL 33496	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

BOB BONCHICK**5/9/01 1561989-8894**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)