

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000094

1. Entity Name

WINDSOR BAY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

AKAM SOUTH, INC.
551 NW 77TH STREET, STE 212
BOCA RATON FL 33487
US

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551 NW 77TH STREET, STE 212
BOCA RATON FL 33487
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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.
551 NW 77TH STREET, STE 212
BOCA RATON FL 33487

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.

SIGNATURE

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	VD	☐ Delete
NAME	RUBINSTEIN, STUART	VICE PRESIDENT
STREET ADDRESS	3475 WINDSOR PLACE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	SD	☐ Delete
NAME	KAY, WILLIAM DR	TREAS/SEC
STREET ADDRESS	3420 WINDSOR PLACE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PD	☐ Delete
NAME	BONCHICK, BOB	PRESIDENT
STREET ADDRESS	5819 NW 34TH WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	MEISEL, DEBORAH	☐ Delete
NAME	5859 WINDSOR TERRACE	
STREET ADDRESS	BOCA RATON, FL 33496	
CITY-ST-ZIP		
TITLE	BERG, STAN	☐ Delete
NAME	5865 WINDSOR COURT	
STREET ADDRESS	BOCA RATON, FL 33496	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Robert Bonchick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

561-989-8894

Daytime Phone #

FILED

May 30, 2002 8:00 am
Secretary of State

05-14-2002 90317 026 ****70.00

90115



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)