

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000094

FILED
Apr 20, 2009
Secretary of State

Entity Name: WINDSOR BAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PRIME MANAGEMENT
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

PRIME MANAGEMENT
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0470762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAY, WILLIAM
3420 WINDSOR PLACE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

LOUIS CAPLAN @ SAX, SACHS, CAPLAN
6111 NW BROKEN SOUND PKWY
200
BOCA RATON, FL 33487 US

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: LOUIS CAPLAN

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: FLEISHMAN, KATHERINE P
Address: 5876 WINDSOR TERRACE
City-St-Zip: BOCA RATON, FL 33486

Title: P () Delete
Name: KAY, WILLIAM DR
Address: 3420 WINDSOR PLACE
City-St-Zip: BOCA RATON, FL 33496

Title: VP () Delete
Name: BERGE, STAN
Address: 5865 WINDSOR COURT
City-St-Zip: BOCA RATON, FL 33486

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/T (X) Change () Addition
Name: BERG, STAN
Address: 5865 WINDSOR COURT
City-St-Zip: BOCA RATON, FL 33486

Title: D () Change (X) Addition
Name: SINGER, SAUL
Address: 3415 WINDSOR PLACE
City-St-Zip: BOCA RATON, FL 33496

Title: D () Change (X) Addition
Name: STRAVITZ, ED
Address: 5839 WINDSOR TERRACE
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. WILLIAM KAY

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date