

2000 UNIFORM BUSINESS REPORT (UBR)

5/8

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-08-2000 90170 025 ***150.00

DOCUMENT # P99000049282

1. Entity Name
WINDSOR GARDENS, INC.



Principal Place of Business
4521 PGA BLVD. SUITE 323
PALM BEACH GARDENS FL 33418

Mailing Address
4521 PGA BLVD. SUITE 323
PALM BEACH GARDENS FL 33418-3997

2. Principal Place of Business
1986 WINDSOR DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
1986 WINDSOR DRIVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NORTH PALM BEACH, FL
 Zip
33408

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NORTH PALM BEACH, FL
 Zip
33408

4. FEI Number
65-0928468

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

ALEXANDER, LARRY B
505 S FLAGLER DR, SUITE 1100
WEST PALM BEACH FL 33401

Name
PAVESE, ROBERT R.
 Street Address (P.O. Box Number is Not Acceptable)
1986 WINDSOR DRIVE
 City
NORTH PALM BEACH FL Zip Code
33408

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 *Rob Pavese*

4/26/00
 DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAVESE, ROBERT R 4521 PGA BLVD, SUITE 323 PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYTLE, KEITH B 4521 PGA BLVD, SUITE 323 PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1986 WINDSOR DRIVE NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1986 WINDSOR DRIVE NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rob Pavese*

4/26/00 (561) 630-7174
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR