

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742815

**Entity Name:** WINDSOR N CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

323 WINDSOR N  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

WINDSOR N C/O SEACREST SERVICES  
2101 CENTREPARK W DR. STE 110  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-1655293

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEWIS, MICHAEL  
323 WINDSOR N  
WEST PALM BEACH, FL 33417 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:** MICHAEL LEWIS, SL

05/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name JAKOB, BERNADETTE  
Address 326 WINDSOR N  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR  
Name BAVONE, JOHN  
Address 306 WINDSOR N  
City-State-Zip: WEST PALM BEACH FL 33417

Title PRESIDENT  
Name LEWIS, MICHAEL  
Address 323 WINDSOR N  
City-State-Zip: WEST PALM BEACH FL 33417

Title SECRETARY  
Name TAYLOR, GAYNELL  
Address 321 WINDSOR N  
City-State-Zip: WEST PALM BEACH FL 33417

Title TREASURER  
Name CICCONE, CARMELA  
Address 311 WINDSOR N  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR  
Name DAGENAIS, LOUISE  
Address 319 WINDSOR N  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR  
Name BALL, RANDY  
Address 312 WINDSOR N  
City-State-Zip: WEST PALM BEACH FL 33417

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL LEWIS, SL

PRESIDENT

05/19/2023

Electronic Signature of Signing Officer/Director Detail

Date