

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 373889

**Entity Name:** SORKIN'S WINDSOR APARTMENTS, INC.

**Current Principal Place of Business:**

4721 UNIVERSITY DR.  
CORAL GABLES, FL 33146

**Current Mailing Address:**

C/O R & S MGMT  
1981 J N PEASE PL., STE 101  
CHARLOTTE, NC 28262-4529 US

**FEI Number:** 59-1309478

**Certificate of Status Desired:** No

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

SORKIN, LARRY  
4721 UNIVERSITY DR.  
CORAL GABLES, FL 33146 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           STD  
Name           SORKIN, SELMA  
Address        10 EDGEWATER DR. #6G  
City-State-Zip: CORAL GABLES FL 33133

Title           V  
Name           SORKIN, LAWRENCE  
Address        1981 I.N PEASE PL, STE 101  
City-State-Zip: CHARLOTTE NC 28262-4529

Title           V  
Name           SORKIN, STEVE  
Address        11800 FARMLAND DRIVE  
City-State-Zip: ROCKVILLE MD

Title           V  
Name           LOS BEN, JUDITH  
Address        210 W. RITTENHOUSE SQUARE  
                  #2507  
City-State-Zip: PHILADELPHIA PA

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LARRY SORKIN

**REGISTERED AGENT, V**

**04/13/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date