

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008991

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: WINDSOR POINTE VII CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1633 E. VINE ST., STE 110  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

8009 S ORANGE AVENUE  
ORLANDO, FL 32809

**Current Mailing Address:**

1633 E. VINE ST., STE 110  
KISSIMMEE, FL 34744

**New Mailing Address:**

8009 S ORANGE AVENUE  
ORLANDO, FL 32809

FEI Number: 20-0962274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LELAND MANAGEMENT  
1633 E. VINE ST., STE 110  
KISSIMMEE, FL 34744 US

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

LELAND MANAGEMENT  
8009 S ORANGE AVENUE  
ORLANDO, FL 32809 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:

04/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GRAVELLE, MARK  
Address: 13863 WINDSOR PARK DR. N.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPTD ( ) Delete  
Name: KLAUK, SHANNA N  
Address: 13715 ALCOMOND PARK DR N #708  
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD ( ) Delete  
Name: GRAVELLE, MARIE  
Address: 13715 RICHMOND PARK DR N #702  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK GRAVELLE

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date