2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME



FILED

Thanne

Addition

Jan 25, 2005 8:00 am Secretary of State DOCUMENT # N03000003860 01-25-2005 90048 046 ****61.25 WINDSOR BAY ESTATES NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address CUCCUUUC 1013 NORTH STATE ROAD 7 1013 NORTH STATE ROAD 7 ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 3. Mailing Address 2. Principal Place of Business G.R.S. MANAGEMENT ASSOCIATES, INC. G.R.S. MANAGEMENT ASSOCIATES, INC. 01142005 Chg-NP CR2E037 (10/03) 3900 WOODLAKE BLVD, SUITE 309 3900 WOODLAKE BLVD. SUITE 309 4. FEI Number Applied For LAKE WORTH, FL 33463 ĽÄKE WORTH, FL 33463 55-0836041 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent PATRICIA KIMBALL FLETCHER, P.A. Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD. **SUITE 3400** MIAMI, FL 33131 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PD : TIT! F Delete DREWS, ROBERT NAME NAME 1013 NORTH STATE ROAD 7 STREET ADDRESS STREET ADDRESS ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP CITY-ST-ZIP VD: TITLE Delete TITLE GOSSELIN, ANETTE NAME NAME 1013 NORTH STATE ROAD 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RÖYAL PALM BEACH, FL 33411 CITY-ST-ZIP TITLE TITLE **X** Delete NAME INDIVIGLIO, MARIO NAME 1013 NORTH STATE ROAD 7 STREET ADDRESS STREET ADDRESS ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ___ Addition □ Delete TITLE . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 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, Fiorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE .

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Delete

ALIACHMENT 50005905

DOCUMENT # N03000003860 WINDSOR BAY ESTATES

VΡ

ADD ELSTEIN, MICHAEL

11790 WINDSOR BAY PLACE WELLINGTON, FL 33467

ST

ADD :

THEODORE, WILLIAM 3776 ISLES VISTA BLVD

WELLINGTON, FL 33467

F

ADD

WALTON, STEPHEN

11529 WINDSOR BAY PLACE

WELLINGTON, FL 33467