


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90077 048 ****70.00

DOCUMENT # N06724					
1. Entity Name WINDTREE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13340 W COLONIAL DR SUITE 250 WINTER GARDEN, FL 34787 US		Mailing Address PO BOX 770088 WINTER GARDEN WINTER GARDEN, FL 34777-0088 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3417469	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MASHBURN, ESQ., ERIC S 102 EAST MAPLE STREET WINTER GARDEN, FL 34787			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLSOM, LYNN M		NAME	FOLSOM, LYNN M.	
STREET ADDRESS	13340 W. COLONIAL DR. #250		STREET ADDRESS	140 W. PLANT STREET	
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWART, GENE		NAME		
STREET ADDRESS	310 S. DILLARD STREET		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACEY, JOANN		NAME	LACEY, JO ANN	
STREET ADDRESS	13340 W. COLONIAL DR., #250		STREET ADDRESS	140 W. PLANT STREET	
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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, Florida 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.					
SIGNATURE: <i>Lynn M. Folsom</i>			Date: 3/03/04		Daytime Phone #: 407-877-0505
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					