


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

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
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04272006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3417469	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASHBURN, ESQ., ERIC S
 102 EAST MAPLE STREET
 WINTER GARDEN, FL 34787

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLSOM, LYNN M 140 W PLANT STREET WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COWART, GENE 310 S. DILLARD STREET WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LACEY, JOANN 140 W PLANT STREET WINTER GARDEN, FL 34787
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 05/17/06-80070-016 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Joann Lacey* **JOANN LACEY** 4/28/06 407-877-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #