

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N06724

**Entity Name:** WINDTREE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13330 W COLONIAL DR  
SUITE 250  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 770088  
WINTER GARDEN  
WINTER GARDEN, FL 347770088 US

**New Mailing Address:**

**FEI Number:** 59-3417469      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FOLSOM, LYNN M  
Address: 121 W PLANT STREET  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD ( ) Delete  
Name: COWART, GENE  
Address: 310 S. DILLARD STREET  
City-St-Zip: WINTER GARDEN, FL 34787

Title: STD ( ) Delete  
Name: LACEY, JOANN  
Address: 121 W PLANT STREET  
City-St-Zip: WINTER GARDEN, FL 34787

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

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

Title: VD (X) Change ( ) Addition  
Name: HEIDT, ADELE  
Address: 121 W. PLANT STREET  
City-St-Zip: WINTER GARDEN, FL 34787

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JO ANN LACEY

Electronic Signature of Signing Officer or Director

SEC

04/30/2009

\_\_\_\_\_ Date