

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90020 028 ****61.25

DOCUMENT # N13167 1. Entity Name WINDSOR WAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % WELLINGTON MANAGEMENT INC. 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414			Mailing Address % WELLINGTON MANAGEMENT INC. 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent NEWSOME, JOHN % WELLINGTON MANAGEMENT INC. 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414				7. Name and Address of New Registered Agent 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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D BROWNING, RANDY 2450 WINDSOR WAY CT WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Scheffrin, Aram 2601 Sheltingham Dr. Wellington FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVIN, MORTON 2555 WINDSOR WAY CT WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Garcia-Velez, Mary L 2506 Windsor Way Wellington FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGOVERN, WILLIAM 2539 WINDSOR WAY CT WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARTIGAN, JAMES 2577 SHELTINGHAM DRIVE WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONEY, BETSY 2552 SHELTINGHAM DRIVE WEST PALM BEACH, FL 33414	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date MARCH 26 2008 <small>Daytime Phone #</small>		

40000031



03042008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2639592

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required