

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90080 016 ****61.25

DOCUMENT # N17140			
1. Entity Name LAKE WINDWOOD CONDOMINIUM VII ASSOCIATION, INC.		Mailing Address % BEACON PROPERTY MANAGEMENT, INC. 500 N.E. SPANISH RIVER BLVD., #18 BOCA RATON, FL 33431 US	
Principal Place of Business 320 OLIVEWOOD PLACE BOCA RATON, FL 33431 US		Mailing Address % BEACON PROPERTY MANAGEMENT, INC. 500 N.E. SPANISH RIVER BLVD., #18 BOCA RATON, FL 33431 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		c/o Gates Mgmt. Services Suite, Apt. #, etc. P.O. Box 2568	
City & State		City & State Boca Raton, FL	
Zip	Country	Zip	Country
33427	USA	33427	USA
4. FEI Number 59-2734911		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIS, ERNEST W 500 NE SPANISH RIVER BLVD #18 BOCA RATON, FL 33431		Name Michael J. Gelfand	
		Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Blvd.	
		Suite 1220	
		City West Palm Beach	
		FL Zip Code 33401	
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 		MICHAEL J. GELFAND 3/13/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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	PD PATTERSON, LISA 5900 NW 40TH LANE COCONUT CREEK, FL 33073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Freeland, Jennifer 330 Olivewood Place #0-216 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIS, ERNEST W 500 N.E. SPANISH RIVER BLVD., #18 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Darconte, Vincent 320 Olivewood Place #0-213 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, THOMAS 320 OLIVEWOOD PLACE #113 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Odierno, William C. 320 Olivewood Place #0-214 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Jennifer Freeland, President 3/2/07	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	