2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 07, 2007 8:00 am Secretary of State DOCUMENT # N97000002213 1. Entity Name 03-07-2007 90019 023 ****61.25 WINDSOR VILLAGE CENTRE SUITES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3125 WINDSOR BLVD VERO BEACH FL 32963 3125 WINDSOR BLVD VERO BEACH FL 32963 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3447070 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent QUINN, JEROME D Street Address (P.O. Box Number is Not Acceptable) 3111 CARDINAL DRIVE VERO BEACH FL 32963 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. TITLE ☐ Change ☐ Addition 11111 PD ☐ Delete BROUGH, JOHN A NAME NAME STREET ADDRESS STREET ADDRESS 3125 WINDSOR BLVD CITY-ST-ZIP CHY ST-ZIP VERO BEACH FL 32963 Delete TITLE Change Addition JUSTICE, MARK NAME NAME STREET ADDRESS STREET ADDRESS 3125 WINDSOR BLVD CITY-ST-ZIP CITY S1-7IP VERO BEACH FL 32963 STD □ Change X Addition THE Delete TITLE FORD, JANE A. NAME NAME TOOMEY, ROBERT STREET ADDRESS STREET ADDRESS 3125 WINDSOR BLVD. 3125 WINDSOR BLVD CITY-ST-ZIP CHY-SI-ZIP VERO BEACH FL 32963 VERO BEACH, FL 32963 ☐ Delete HILE ☐ Change Addition HILLE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE BHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP Change Addition ☐ Delete TITLE NAME NAME SERIET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED