

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90111 006 \*\*\*\*61.25

**24044745**



02172004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-3476603** Applied For  Not Applicable

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

**DOCUMENT # N97000004272**  
 1. Entity Name  
**WINDSOR POINTE MASTER ASSOCIATION, INC.**



Principal Place of Business  
 10161 CENTURIAN PARKWAY NORTH  
 #150  
 JACKSONVILLE, FL 32256

Mailing Address  
 10161 CENTURIAN PARKWAY NORTH  
 #150  
 JACKSONVILLE, FL 32256

2. Principal Place of Business  
 1633 E. Vine St  
 Suite, Apt. #, etc.  
 Suite 110  
 City & State  
 Kissimmee FL

3. Mailing Address  
 1633 E. Vine St  
 Suite, Apt. #, etc.  
 Suite 110  
 City & State  
 Kissimmee FL

Zip Country  
 34744 USA

6. Name and Address of Current Registered Agent

**FURLOW, REBECCA**  
 C/O LELAND MANAGEMENT INC  
 1633 E. VINE ST., #110  
 KISSIMMEE, FL 34744

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: *Rebecca Furlow* DATE: **4/8/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SISK, JOHN K 10161 CENTURIAN PARKWAY NORTH, #150 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CLARK, ERNESTINE 10161 CENTURIAN PARKWAY NORTH, #150 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUSS, JOHN S IV 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gale Boylan 13715 Richmond Park Dr. N. #1004 Jacksonville FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mark Gravelle 13863 Windsor Park Dr. N. Jacksonville FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD James Johnson 13715 Richmond Park Dr N. #1204 Jacksonville FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Carole Hall 13715 Richmond Park Dr. N. #903 Jacksonville FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gale D. Boylan* **GALE D. BOYLAN PRESIDENT** 3/22/04 821-5449

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