


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90180 007 \*\*\*\*61.25

<b>DOCUMENT # N97000004272</b> 1. Entity Name WINDSOR POINTE MASTER ASSOCIATION, INC.			
Principal Place of Business 1633 E VINE ST. STE. 110 KISSIMMEE, FL 34744		Mailing Address 1633 E VINE ST. STE. 110 KISSIMMEE, FL 34744	
2. Principal Place of Business 8009 S Orange Avenue Suite, Apt. #, etc.		3. Mailing Address 8009 S Orange Avenue Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32809		Zip 32809	
Country USA		Country USA	
4. FEI Number 59-3476603		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 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) 8009 S. Orange Avenue City Orlando FL Zip Code 32809	
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 _____ DATE _____ 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, 2005		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 Vice-President NAME BOYLAN, GALE STREET ADDRESS 13715 RICHMOND PARK DR. N, #1004 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete OKAY	TITLE Ben Walker, President NAME 13715 Richmond Park Dr. #1107 STREET ADDRESS Jacksonville FL 32224 Libby Katz, Treasurer 13715 Richmond Park Drive, #203 CITY-ST-ZIP Jacksonville, FL 32224	nge <input type="checkbox"/> Addition
TITLE VD NAME GRAVELLE, MARK STREET ADDRESS 13863 WINDSOR PARK DR. N CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE Director NAME 210 Sea Island Drive STREET ADDRESS Ponte Vedra Beach, FL 32082	nge <input type="checkbox"/> Addition change
TITLE TD NAME JOHNSON, JAMES STREET ADDRESS 13715 RICHMOND PARK DR. N, #1204 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete	TITLE Mike Gaeta, Director NAME 1303 Western Hills Drive STREET ADDRESS Papillion, NE 68046	nge <input checked="" type="checkbox"/> Addition
TITLE SD NAME HALL, CAROLE STREET ADDRESS 13715 RICHMOND PARK DR. N, #903 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete	TITLE Susan Teague, Director NAME 13715 Richmond Park Dr., #1208 STREET ADDRESS Jacksonville, FL 32224	nge <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Michelle Reeves, Director NAME 2185 Pierce Arrow Drive STREET ADDRESS Jacksonville, FL 32246	nge <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Dan Workman, Director NAME 13715 Richmond Park Dr., #104 STREET ADDRESS Jacksonville, FL 32224	nge <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Andrew Burdett, Director NAME 13715 Richmond Park Dr., #408 STREET ADDRESS Jacksonville, FL 32224	nge <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Don Harbison, Director NAME 13715 Richmond Park Dr., #506 STREET ADDRESS Jacksonville, FL 32224	nge <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information indicated on this report or supplement of the corporation or the receiver or changed, or on an attachment with		George Dickinson, Director 8675 Rolling Brook Lane Jacksonville, FL 32256 X Add	
SIGNATURE: <i>[Signature]</i>		Rick Batton, Director P.O. Box 49091 Jacksonville, FL 32240 Addx	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		at the information officer or director. k 10 or Block 11 if	