

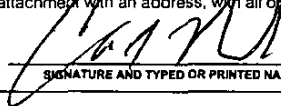


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90049 036 ****61.25

DOCUMENT # N99000001423					
1. Entity Name WINDSOR COURT DELRAY HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 2295 NW CORPORATE BLVD. 138 BOCA RATON, FL 33431 US		Mailing Address 2295 NW CORPORATE BLVD. 138 BOCA RATON, FL 33431 US		<p>4000-</p>  <p>01162008 Chg-NP CR2E037 (12/06)</p>	
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	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
LINSINBIGLER, KIMBERLY 2295 NW CORPORATE BLVD 138 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent	
				Name LINSINBIGLER, KIMBERLY	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	STD <input checked="" type="checkbox"/> Delete	TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OAKES, JEROME R	NAME	JAMES HEFFERNAN		
STREET ADDRESS	1028 BAY STREET	STREET ADDRESS	10 Greengate Rd.		
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	Millbrook, NY 12545		
TITLE	PD <input type="checkbox"/> Delete	TITLE			
NAME	NAIL, CHARLES E	NAME			
STREET ADDRESS	1026 BAY ST.	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP			
TITLE		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	JOE RASKAUSKAS		
STREET ADDRESS		STREET ADDRESS	P.O. Box 1509		
CITY-ST-ZIP		CITY-ST-ZIP	Bethany, DE 1930		
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		02-22-08		561 241 0285 ext 204	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	