

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 21, 2000 8:00 am
Secretary of State

05-30-2000 90100 030 ****61.25

DOCUMENT # N99000004709

1. Entity Name

WINDSOR POINTE III CONDOMINIUM ASSOCIATION, INC.

R

Principal Place of Business

Mailing Address

10161 CENTURION PARKWAY NORTH
 SUITE 150
 JACKSONVILLE FL 32258

10161 CENTURION PARKWAY NORTH
 SUITE 150
 JACKSONVILLE FL 32256-0586

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUSS, JOHN S IV
 10110 SAN JOSE BLVD.
 JACKSONVILLE FL 32257

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution:

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>P/T/D</i>	<input type="checkbox"/> Delete
NAME	<i>John R. Sisk</i>	
STREET ADDRESS	<i>10161 Centurion Pkwy N. #150</i>	
CITY-ST-ZIP	<i>Jacksonville, FL 32256</i>	
TITLE	<i>VP/S/D</i>	<input type="checkbox"/> Delete
NAME	<i>Ernestine L. Clark</i>	
STREET ADDRESS	<i>10161 Centurion Pkwy. N. #150</i>	
CITY-ST-ZIP	<i>Jacksonville, FL 32256</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>John S. Duss, IV</i>	
STREET ADDRESS	<i>10110 San Jose</i>	
CITY-ST-ZIP	<i>Jacksonville, FL 32257</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ernestine L. Clark*

5/10/00 (904) 620-0994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)