


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90086 035 ****61.25

DOCUMENT # N99000004709

1. Entity Name
WINDSOR POINTE III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

**10161 CENTURION PARKWAY NORTH
SUITE 150
JACKSONVILLE FL 32258**

**10161 CENTURION PARKWAY NORTH
SUITE 150
JACKSONVILLE FL 32258**

30019416



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

**13715 Richmond Park Dr. N
Suite, Apt. #, etc.
Unit 303**

**13715 Richmond Park Dr. N.
Suite, Apt. #, etc.
Unit 303**

City & State City & State

Jacksonville, Florida **Jacksonville, Florida**

Zip Country Zip Country

32224 USA 32224 USA

4. FEI Number **33-1024978** 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

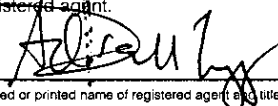
**DUSS, JOHN S IV
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257**

Name **ANDREW DELLA-LOGGIA**

Street Address (P.O. Box Number is Not Acceptable)
**13715 Richmond Park Dr. N.
Unit 303**

City **Jacksonville** FL Zip Code **32224**

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  (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent (and title if applicable). 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	SISK, JOHN K	
STREET ADDRESS	10161 CENARION PKWY #150	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	NESSMITH, ERNESTINE	
STREET ADDRESS	10161 CENTURION PARKWAY NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUSS, JOHN S IV	
STREET ADDRESS	10110 SAN JOSE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW DELLA-LOGGIA	
STREET ADDRESS	13715 Richmond Park Dr. N. Unit 303	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL GAETA	
STREET ADDRESS	13715 Richmond Park Dr. N. Unit 307	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cindy Stillman	
STREET ADDRESS	13715 Richmond Park Drive N. Unit 306	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE** 2/5/03 904/464-1159

CR2E037 (10/02)