


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90086 002 \*\*\*\*61.25

<b>DOCUMENT # 768060</b> 1. Entity Name <b>WINDTREE GARDENS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>42 WINDTREE LANE WINTER GARDEN, FL 34787</b>			Mailing Address <b>42 WINDTREE LANE WINTER GARDEN, FL 34787</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MCCULLOH, NEAL</b> <b>1065 MAITLAND CENTER COMMONS BLVD</b> <b>MAITLAND, FL 32751</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code       </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOSS, SUZANNE		NAME	Kispert, Michael	
STREET ADDRESS	80 WINDTREE LANE		STREET ADDRESS	110 Windtree Lane	
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP	Winter Garden, Fl. 34787	
TITLE	P	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGH, MARIOM		NAME	Steven R. Birket	
STREET ADDRESS	149 WINDTREE LANE		STREET ADDRESS	7232 Bay Club Way	
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP	Orlando, Fl. 32835	
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	REVELLE, CHERYL		NAME		
STREET ADDRESS	605 ALDANA CT		STREET ADDRESS		
CITY-ST-ZIP	OCOOEE, FL 34761		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	BOOZER, WANDA		NAME		
STREET ADDRESS	77 WINDTREE LN		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	MCGEE, REVERLEAN		NAME		
STREET ADDRESS	91 WINDTREE LANE		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	REJONIS, BUDDY A		NAME		
STREET ADDRESS	149 WINDTREE LANE		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL		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.					
<b>SIGNATURE:</b> <u>Marion High</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-19-04    407-656-8450 <small>Date                      Daytime Phone #</small>		