
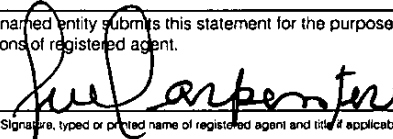
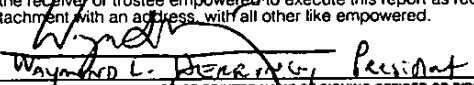


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 JUN -2 8:55



DOCUMENT # N32137			
1. Entity Name WINDSOR HILL HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044		Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044	
2. Principal Place of Business 5401 S. Kirkman Rd Suite, Apt. #, etc. 450		3. Mailing Address Same	
City & State Orlando FL		City & State	
Zip 32819	Country	Zip	Country
4. FEI Number 59-2948592		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name Community Management Professionals Inc. Street Address (P.O. Box Number is Not Acceptable) 5401 S Kirkman Rd Suite 450 City Orlando FL Zip Code 32819	
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  President DATE 5-17-05 (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY - ST - ZIP	PD HERRING, WAYMOND 2606 PARK ROYAL DR WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SUTHERLAND, MARK 9541 QUEENSBURY COURT WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KAY KLUNGSETH 2717 WINDSOR HILL DR WINDERMERE FL 34786 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HACK, BETTY ANN 2763 WINDSOR HILL DR WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800055974658 06/09/05--01045--008 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  President		Date 5/20/05 Daytime Phone # 407-237-5803	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			