

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000009615

Entity Name: WINDSOR TRACE CONDOMINIUMS ASSOCIATION, INC.**Current Principal Place of Business:**327 OFFICE PLAZA DR
SUITE 210
TALLAHASSEE, FL 32301**Current Mailing Address:**PO BOX 12412
TALLAHASSEE, FL 32317 US**FEI Number:** 47-1721570**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELEKES, ANDREW J
327 OFFICE PLAZA DR
SUITE 210
TALLAHASSEE, FL 32301 US*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:** ANDREW J ELEKES

02/08/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name NAUMANN, JASON C
Address 2050 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32308

Title PRESIDENT
Name WOOD, THOMAS
Address 1273 MYRTLE VIEW DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title VP
Name HARRINGTON, CHRIS
Address 1265 MYRTLE VIEW DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title TREASURER
Name MULLIN, CHRISTOPHER
Address 1265 MYRTLE VIEW DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title SECRETARY
Name EMO, WARREN A
Address 1261 MYRTLE VIEW DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title MANAGEMENT
Name ELEKES, ANDREW
Address 327 OFFICE PLAZA DR
SUITE 210
City-State-Zip: TALLAHASSEE FL 32317

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW ELEKES

MANAGEMENT

02/08/2016

Electronic Signature of Signing Officer/Director Detail

Date