

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004272

**FILED  
Mar 28, 2013  
Secretary of State  
CC4286886245**

**Entity Name:** WINDSOR POINTE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224 US

**FEI Number:** 59-3476603

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FIRST COAST ASSOCIATION MANAGEMENT  
11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            HARIBSON, DON  
Address        11555 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title            VP  
Name            WALKER, BENJAMIN  
Address        11555 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

Title            S/T  
Name            HOLZE, KLAUS  
Address        11555 CENTRAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32224

*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: DON HARIBSON**

**PRES**

**03/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date