

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004272

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

**FILED**  
**Apr 08, 2024**  
**Secretary of State**  
**8180364723CC**

**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            HARBISON, DONALD  
Address        11555 CENTRAL PARKWAY  
                 SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title            VP  
Name            WALKER, BENJAMIN  
Address        11555 CENTRAL PARKWAY  
                 SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title            SECRETARY, TREASURER  
Name            HOLZE, KLAUS  
Address        11555 CENTRAL PARKWAY  
                 SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            CHILDS, AARON  
Address        11555 CENTRAL PARKWAY  
                 SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            LINDSAY, DIANA  
Address        11555 CENTRAL PARKWAY  
                 SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            LIMBURG, JORDAN  
Address        11555 CENTRAL PARKWAY  
                 SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            WILSON, BARBARA  
Address        11555 CENTRAL PARKWAY  
                 SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            WILLIAMS, LARRY  
Address        11555 CENTRAL PARKWAY  
                 SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

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*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: DONALD HARBISON**

**PRESIDENT**

**04/08/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ROBERTS, LINDA  
Address 11555 CENTRAL PARKWAY  
SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
Name BASH, HEIDI  
Address 11555 CENTRAL PARKWAY  
SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224