

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004272

FILED
Mar 24, 2021
Secretary of State
5623962402CC

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 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 S/T
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 ROBERTS, LINDA
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 JACOBS, JAMES
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

03/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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