2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718892

FILED Apr 30, 2007 Secretary of State

Entity Name: THE WINDSOR HOUSE OWNERS ASSOCIATION, INC.

	Current Principal Place of Business:			New Principal Place of Business:		
	DWELL, INC. N HILLS BLVI L 34293).				
Current Mailing Address:			New Maili	New Mailing Address:		
1162 INDIA VENICE, F	N HILLS BLVE L 34293 US	_				
FEI Number:	59-1429944	FEI Number Applied For ()	El Number Not Appl	icable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
	DWELL, INC. N HILLS BLVE L 34293 US	_				
The above in the State		ubmits this statement for the purp	oose of changing it	ts registered office or registered agent, or both,		
SIGNATUR						
	Electron	ic Signature of Registered Agent		Date		
OFFICERS	AND DIREC	rors:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () LYNCH, DENNIS 236 HARBOR D VENICE, FL 34	RIVE #205	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	BENNEDICT, M. 2364 HARBOR	DRIVE # 203	Title: Name: Address:	()Change ()Addition		
	VENICE, FL 34	265	City-St-Zip:			
City-St-Zip: Title: Name: Address:		Delete ENE R SUITE 102	City-St-Zip: Title: Name: Address: City-St-Zip:	()Change ()Addition		
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	VD () WILLARD, ARLI 236 HARBOR D BRADENTON, F	Delete ENE R SUITE 102	Title: Name: Address:	() Change () Addition D () Change (X) Addition ECKROTH, JUDY 236 SOUTH HARBOR DRIVE # 104 VENICE, FL 34285		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARION BENEDICT STD 04/30/2007