

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718892

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** THE WINDSOR HOUSE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

KEYS CALDWELL, INC.  
1162 INDIAN HILLS BLVD.  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

1162 INDIAN HILLS BLVD.  
VENICE, FL 34293 US

**New Mailing Address:**

**FEI Number:** 59-1429944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEYS CALDWELL, INC.  
1162 INDIAN HILLS BLVD  
VENICE, FL 34293 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LYNCH, DENNIS  
Address: 236 HARBOR DRIVE #205  
City-St-Zip: VENICE, FL 34285

Title: STD ( ) Delete  
Name: SVARA, NADA  
Address: 2364 HARBOR DRIVE # 105  
City-St-Zip: VENICE, FL 34285

Title: VD ( ) Delete  
Name: GRAY, RUTH  
Address: 236 HARBOR DRIVE #105  
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete  
Name: ECKROTH, JUDY  
Address: 236 SOUTH HARBOR DRIVE # 104  
City-St-Zip: VENICE, FL 34285

Title: D (X) Delete  
Name: HUBERT, MARTHA  
Address: 236 SOUTH HARBOR DRIVE # 206  
City-St-Zip: VENICE, FL 34285

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DENNIS LYNCH

PD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date