

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90022 011 ****61.25

DOCUMENT # 743290 1. Entity Name WINDSOR MANOR CONDOMINIUM, INC.			
Principal Place of Business 828 VICTORIA DR #A-3 CAPE CORAL, FL 33904 US		Mailing Address 828 VICTORIA DR #A-3 CAPE CORAL, FL 33904 US	
2. Principal Place of Business - No P.O. Box # C/O REALTY SERVICES Suite, Apt. #, etc. 2525 PARKWAY ST.		3. Mailing Address 2525 PARKWAY ST. Suite, Apt. #, etc.	
City & State FORT MYERS, FL		City & State FORT MYERS, FL	
Zip 33901		Zip 33901	
Country USA		Country USA	
4. FEI Number 59-1791424		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REALTY SERVICES 2535 PARKWAY ST 2525 Parkway St. FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>4/24/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISCULO, ANNAMARIE 828 VICTORIA DR #B-11 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEBORAH OHARA 828 VICTORIA DR. C-1 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAMBATTISTA, MARY 828 VICTORIAN DR #A-3 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRED H.W.K. 828 VICTORIA DR CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMPITELLI, JOSEPH 919 OCEAN AVE BRIGANTINE, NJ 08203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPB DIANE H.W.K. 828 VICTORIA DR. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4/18/08</i> Daytime Phone # <i>239/439/1233</i>	