

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90213 038 \*\*\*\*61.25

<b>DOCUMENT # 747598</b> 1. Entity Name <b>WINDSONG LAKES VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9931 N.W. 9 STREET CIRCLE CONDO OFFICE BY POOL MIAMI, FL 33172 US</b>			Mailing Address <b>5805 BLUE LAGOON DRIVE SUITE 140 MIAMI, FL 33126 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2013495</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KASA GROUP, INC. 5805 BLUE LAGOON DRIVE SUITE 140 MIAMI, FL 33126</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>[Signature]</i></u> <b>NOEL DUQUE</b> <u>4/13/04</u> DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARANJO, GILBERTO		NAME	NARANJO, GILBERTO	
STREET ADDRESS	9937 NW 9 ST. CIR, #6		STREET ADDRESS	9937 NW 9 ST CIR #6	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	P	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ-FLORIDO, JORGE E		NAME	RODRIGUEZ-FLORIDO, JORGE E.	
STREET ADDRESS	10003 NW 9TH STREET CIRCLE #11		STREET ADDRESS	10003 NW 9TH CIR #11	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMENCIA, LUTIN		NAME	ARIANDO MEJIA	
STREET ADDRESS	10003 N.W. 9 ST. CIR., #9		STREET ADDRESS	9901 NW 9TH CIR #3	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLEDO, EMY		NAME	TOLEDO, EMY	
STREET ADDRESS	9959 NW 9TH STREET CIRCLE #3		STREET ADDRESS	9959 NW 9TH CIR. #3	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	V	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, CARMEN		NAME	MORENO, CARMEN	
STREET ADDRESS	10003 N.W. 9 ST. CIRCLE, #10		STREET ADDRESS	10003 NW 9TH CIR #10	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>[Signature]</i></u> <b>CARMEN E. MORENO</b> <u>4/13/04</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

94070746



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