


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 755291 1. Entity Name WINWOOD EAST II, A CONDOMINIUM, INC.	
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Principal Place of Business % JAY ETHERIDGE P.O. BOX 882 MINNEOLA, FL 34755	Mailing Address % JAY ETHERIDGE P.O. BOX 882 MINNEOLA, FL 34755
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02222004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2059952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ETHERIDGE, JAY
P.O. BOX 882
MINNEOLA, FL 34755

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000067131
02/26/04-80044-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ETHERIDGE, JAY P.O. BOX 882 MINNEOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, GEORGE 1942-D DARRYL DR TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANERJEE, DILIP 1942-C DARRYL DRIVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **JAY ETHERIDGE** 02/21/04 407-832-7366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #