2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State
04-18-2008 90034 031 ****61.25

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1. Entity Name
WINDSOR PINES CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 PARK PLACE BLVD SUITE 2 KISSIMMEE, FL 34741	101 PARK PLACE BLVD SUITE 2 KISSIMMEE, FL 34741

02072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2286965 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARENA MANAGEMENT GROUP, INC. 101 PARK PLACE BLVD SUITE 2 KISSIMMEE, FL 34741	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD QUITTSCHREIBER, JON 3147 HEMPSTEAD AVE KISSIMMEE, FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Linda Schmeer 2638 Crown Ct Kissimmee FL 34741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEARDSLEY, HELEN 2653 SURREY CT KISSIMMEE, FL 34741	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SLP Dorothy Arena 101 Park Place Blvd Ste 2 Kissimmee FL 34741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RETHERFORD, ROBERT 2651 CROWN CT KISSIMMEE, FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Madelyn Ruiz 1341 Windsor Dr Kissimmee FL 34741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUITTSCHREIBER, JO 2950 TOWN CTR BLVD SUITE 160 ORLANDO, FL 34837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Paul Marshall 2645 Crown Ct Kissimmee FL 34741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIDER, LEE 2652 CROWN CT KISSIMMEE, FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cory Quittschreiber 2950 Town Ctr Blvd Ste 160 Orlando FL 34837	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEVERANCE, MIKE 2668 SURREY CT KISSIMMEE, FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: JON QUITTSCHREIBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #