## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Sep 02, 2005 8:00 am Secretary of State DOCUMENT # F98000000560 09-02-2005 90015 025 \*\*\*558.75 1. Entity Name WINDSOR RESIDENTIAL HARBORTOWN, INC. Principal Place of Business Mailing Address 3821 TURTLE CREEK BLVD. 3821 TURTLE CREEK BLVD. 50064726 #250 #250 DALLAS, TX 75219 DALLAS, TX 75219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08182005 CR2E034 (10/03) *牛ソツ0* 4. FEI Number Applied For 75-2743696 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 City 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 FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD Change ☐ Delete TITLE 3811 TURTIE CREEK BIVE #170 NAME DEAL, LC NAME STREET ADDRESS 3811 TURTLE CREEK BLVD. #250 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75219 CITY-ST-ZIP VS TITLE ☐ Delete TITLE ☐ Addition 3811 Tuetle CREEKBIVA #170 NAME ROGERS, NANCY NAME STREET ADDRESS 3811 TURTLE CREEK BLVD. #250 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75219 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition DEAL, LANCE NAME 381 THRHE CREEK BIND #170 3811 TURTLE CREEK BLVD. #250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DALLAS, TX 75219** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all order like empowered.

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