


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90029 037 \*\*\*\*61.25

<b>DOCUMENT # N00000000211</b> 1. Entity Name <b>WINDSOR NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>VANGUARD MGMT</b> <b>9300 N. 16 ST</b> <b>TAMPA, FL 33612</b>			Mailing Address <b>VANGUARD MGMT</b> <b>9300 N. 16 ST</b> <b>TAMPA, FL 33612</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3635854</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WINFIELD, JANET</b> <b>9300 N. 16 ST</b> <b>TAMPA, FL 33612</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</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	<b>PD D</b> <input type="checkbox"/> Delete <b>KAHN, MICHAEL</b> <b>16321 HEATHROW DR.</b> <b>TAMPA, FL 33647</b>		TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
NAME	<b>ARNHYM, ROLFE</b> <input type="checkbox"/> Delete <b>16333 HEATHROW DR</b> <b>TAMPA, FL 33647</b>		NAME	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
STREET ADDRESS	<b>GRUBER, TOM</b> <input type="checkbox"/> Delete <b>16350 HEATHROW DR</b> <b>TAMPA, FL 33647</b>		STREET ADDRESS	<b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CITY-ST-ZIP</b>	
CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MEYERSON, MAUREEN</b> <b>5003 DAVENSHIRE WAY</b> <b>TAMPA, FL 33647</b>		CITY-ST-ZIP	<b>DVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MEYERSON, MAUREEN</b> <b>SAME</b> <b>SAME</b>	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> Delete <b>PERHOSKY, PAMELA</b> <b>16344 HEAGROW DR</b> <b>TAMPA, FL 33647</b>		TITLE	<b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PETER BERKMAN</b> <b>16362 HEATHROW DR.</b> <b>TAMPA, FL 33647</b>	
NAME	<input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
STREET ADDRESS	<input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
CITY-ST-ZIP	<input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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.					
<b>SIGNATURE:</b> <i>Janet Winfield</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-1-05</b> <b>813-930-8036</b> <small>Date Daytime Phone #</small>		