2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001718

FILED Mar 05, 2007 Secretary of State

Entity Name: WINDSOR PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3525 BONITA BEACH ROAD., STE 112 3525 BONITA BEACH ROAD BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 **Current Mailing Address: New Mailing Address:** PO BOX 2568 BONITA SPRINGS, FL 341332868 FEI Number: 59-3748869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHUCKLAT REALTY 28360 OLD US 41 RD BONITA SPRINGS, FL 34135 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition OKLAPEK, ROBERT DIXON, JOLENE Name: Name: 3525 BONITA BEACH RD, #105 Address: 3525 BONITA BEACH RD, #102 Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134 Title: **PRES** () Delete Title: () Change () Addition MATHEWS, BRAD Name: Name: Address: 3525 BONITA BEACH ROAD, # 108 Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: () Delete Title: (X) Change () Addition DIXON, JOLENE SELLERS, CAROL Name: Name: 3525 BONITA BEACH RD, #102 Address: Address: 3525 BONITA BEACH RD, #103 City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134 Title: () Delete Title: D (X) Change () Addition Name: SELLERS, CAROL Name: BOOLE, DARREN 3525 BONITA BEACH RD, #103 Address: Address: P.O.BOX 2568 City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34133 Title: () Delete Title: () Change () Addition GOLBERG, CAROL Name: Name: 3525 BONITA BEACH RD, #106 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: () Delete Title: () Change () Addition HOGAN, BARBARA Name: Name: Address: 51 TAMIAMI TRAIL N. Address: NAPLES, FL 34102 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. BOOLE D 03/05/2007