

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001718

FILED
Apr 28, 2008
Secretary of State

Entity Name: WINDSOR PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3525 BONITA BEACH ROAD
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

PO BOX 2568
BONITA SPRINGS, FL 341332868

New Mailing Address:

FEI Number: 59-3748869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUCKLAT REALTY
28360 OLD US 41 RD
6
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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:

Title: VP () Delete
Name: DIXON, JOLENE
Address: 3525 BONITA BEACH RD, #102
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PRES () Delete
Name: MATHEWS, BRAD
Address: 3525 BONITA BEACH ROAD, # 108
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ST () Delete
Name: SELLERS, CAROL
Address: 3525 BONITA BEACH RD, #103
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: BOOLE, DARREN
Address: P.O.BOX 2568
City-St-Zip: BONITA SPRINGS, FL 34133

Title: D () Delete
Name: GOLBERG, CAROL
Address: 3525 BONITA BEACH RD, #106
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: HOGAN, BARBARA
Address: 51 TAMiami TRAIL N.
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOGAN, BARBARA
Address: 9051 TAMiami TRAIL NORTH, STE #103
City-St-Zip: NAPLES, FL 34108-252

I hereby certify that the information supplied with this filing does not qualify 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: DARREN BOOLE

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date