## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Jan 17, 2007 8:00 am Secretary of State DOCUMENT # N00000002016 01-17-2007 90051 048 \*\*\*\*61.25 WINDSOR VILLAS OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 3829 WINDSOR CASTLE BLVD. PO BOX 585 ~ '60002177 BAGDAD, FL 32530 MILTON, FL 32583 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01042007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 59-3645775 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHACKLE, CHRISTINE 3892 WINDSOR CASTLE BLVD. Street Address (P.O. Box Number is Not Acceptable) MILTON, FL 32583 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE, Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Departs est of St Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete Change Change TITS F BEANCH, JAMES C NAME NAME 3810 WINDSOR CASTLE BLVD STREET ADDRESS STREET ADDRESS MILTON, FL 32583 CITY-ST-ZIP CITY-ST-ZIP VICE PRESENT Shieles 3938 WINDSOX CASTLES IN. TITLE Delete ☐ Change Addition TITLE SHACKLE, CHRISTINE NAME NAME 3892 WINDSOR CASTLE BLVD STREET ADDRESS STREET ADDRESS milton, FL 32583 CITY-ST-ZIP **MILTON, FL 32583** CITY-ST-ZIP Tecasieie. Delete Change And tion TITLE TITLE RAYMOND MOSES 3869 Winder Castle Blud. m. 1400. FL 32583 NAME FLAHIFF DAN NAME 3921 WINDSOR CASTLE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILTON, FL 32583 ☐ Change TITLE Delete TITLE [ ] Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition 7111 E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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: MAYMOND