

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90023 006 ****61.25

DOCUMENT # N00000002016

1. Entity Name
WINDSOR VILLAS OWNERS' ASSOCIATION, INC.



Principal Place of Business
**3829 WINDSOR CASTLE BLVD.
MILTON, FL 32583**

Mailing Address
**PO BOX 585
BAGDAD, FL 32530**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3645775

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHACKLE, CHRISTINE
3892 WINDSOR CASTLE BLVD.
MILTON, FL 32583**

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL 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

Christine Shackle

(NOTE: Registered Agent signature required when reappointing)

DATE

April 8, 2008

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **BEANCH, JAMES C**
CITY-ST-ZIP **3810 WINDSOR CASTLE BLVD
MILTON, FL 32583**

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **Carolyn S. Thompson**
CITY-ST-ZIP **3834 WINDSOR Castle Blvd.
Milton, FL 32583**

TITLE ☒ Delete
NAME **VP**
STREET ADDRESS **BROCKETTE, SHIRLEY**
CITY-ST-ZIP **3938 WINDSOR CASTLE BLVD
MILTON, FL 32583**

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **Ruth Mary Miller**
CITY-ST-ZIP **3828 Windsor Castle Blvd.
Milton, FL 32583**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **MOSES, RAYMOND**
CITY-ST-ZIP **3869 WINDSOR CASTLE BLVD
MILTON, FL 32583**

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **Christine Shackle**
CITY-ST-ZIP **3892 Windsor Castle Blvd.
Milton, FL 32583**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

C.S. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-08