## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002016

FILED Apr 01, 2009 Secretary of State

Entity Name: WINDSOR VILLAS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3829 WINDSOR CASTLE BLVD. MILTON, FL 32583

Current Mailing Address: New Mailing Address:

PO BOX 585
BAGDAD, FL 32530
3892 WINDSOR CASTLE BLVD
MILTON, FL 32583

FEI Number: 59-3645775 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:

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

itle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 CAROYNS, THOMPSON
 Name:
 COOK, ALLEN

 Address:
 3834 WINDSOR CASTLE BLVD.
 Address:
 3848 THRONE COURT

 City-St-Zip:
 MILTON, FL 32583
 City-St-Zip:
 MILTON, FL 32583

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 MILLER, RUTH MARY
 Name:
 DAVIS, DONALD

 Address:
 3828 WINDSOR CASTLE BLVD.
 Address:
 3861 THRONE COURT

City-St-Zip: MILTON, FL 32583 City-St-Zip: MILTON, FL 32583

 Name:
 CHRISTINE, SHAEKLE
 Name:
 MOSES, DIAN

 Address:
 3892 WINDSOR CASTLE BLVD.
 Address:
 3869 WINDSOR CASTLE BLVD.

Address: 3892 WINDSOR CASTLE BLVD. Address: 3869 WINDSOR CASTLE BLVI.
City-St-Zip: MILTON, FL 32583 City-St-Zip: MILTON, FL 32583

Title: ( ) Delete Title: SEC ( ) Change (X) Addition

 Name:
 Name:
 JONES, GARY

 Address:
 Address:
 3889 THRONE COURT

 City-St-Zip:
 City-St-Zip:
 MILTON, FL 32583

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: CHRISTINE SHACKLE R/A 04/01/2009