

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003132

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** WINDSOR PARKE PROFESSIONAL CENTRE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13500 SUTTON PARK DRIVE SOUTH  
SUITE 404  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

**Current Mailing Address:**

13500 SUTTON PARK DRIVE SOUTH  
SUITE 404  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

**FEI Number:** 41-2038228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOOKHOLT, CONNIE S  
13500 SUTTON PARK DRIVE SOUTH  
SUITE 404  
JACKSONVILLE, FL 32224 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: DVP ( ) Delete  
Name: BRACKETT, CHARLES T  
Address: 13500 SUTTON PARK DRIVE SOUTH #1503  
City-St-Zip: JACKSONVILLE, FL 32224

Title: DP ( ) Delete  
Name: MOORE, JAMES  
Address: 13500 SUTTON PARK DR., SO.,# 101  
City-St-Zip: JACKSONVILLE, FL 32224

Title: DST ( ) Delete  
Name: BOOKHOLT, CONNIE S  
Address: 13500 SUTTON PARK DRIVE SOUTH #404  
City-St-Zip: JACKSONVILLE, FL 32224

**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:

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: CONNIE BOOKHOLT

ST

03/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date