2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2005
Secretary of State

DOCUMENT# N01000001860

Entity Name: WINDSOR POINTE IX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13715 RICHMOND PARK DRIVE
908
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

2185 PIERCE ARROW DRIVE
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 43-2028307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIEVES, MICHELLE L
2185 PIERCE ARROW DRIVE
JACKSONVILLE, FL 32246 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:	P	( ) Delete
Name:	RIEVES, MICHELLE L	
Address:	2185 PIERCE ARROW DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	VPD	( ) Delete
Name:	GILCHRIST, DEBRA	
Address:	13715 RICHMOND PK. DR. N. #902	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	SD	( ) Delete
Name:	BUSHOW, ROSEMARIE	
Address:	13715 RICHMOND PK. DR. N. #903	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	T	( ) Delete
Name:	RIEVES, JAMES B	
Address:	2185 PIERCE ARROW DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32246	

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:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHELLE RIEVES P 01/16/2005

Electronic Signature of Signing Officer or Director — Date