

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001860

FILED
Jan 12, 2006
Secretary of State

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 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: MICHELLE RIEVES

P

01/12/2006

Electronic Signature of Signing Officer or Director

Date