
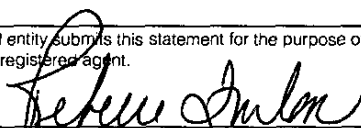
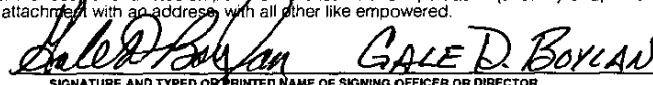


FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90081 011 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0100003097			
1. Entity Name WINDSOR POINTE X CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 13715 RICHMOND PARK DR N 1004 JACKSONVILLE, FL 32224		Mailing Address 13715 RICHMOND PARK DR N 1004 JACKSONVILLE, FL 32224	
2. Principal Place of Business 1633 E. Vine Street Suite, Apt. #, etc. Suite 110 City & State Kissimmee FL Zip 34744 Country USA		3. Mailing Address 1633 E. Vine Street Suite, Apt. #, etc. Suite 110 City & State Kissimmee FL Zip 34744 Country USA	
4. FEI Number APPLIED FOR 75-3087791		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FURLOW, REBECCA 1633 E. VINE ST., SUITE-110 KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name Leland Management Street Address (P.O. Box Number is Not Acceptable) 1633 E. Vine St Ste 110 City Kissimmee FL Zip Code 34744	
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  DATE 4/8/04			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME BOYLAU, GALE STREET ADDRESS 13715 RICHMOND PARK DR N., 1004 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE PD NAME GALE Boylan STREET ADDRESS 13715 Richmond Park Dr. N # 1004 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME BAYLAN, ELAINE STREET ADDRESS 13715 RICHMOND PARK DR N, #1004 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE SD NAME Elaine Boylan STREET ADDRESS 13715 Richmond Park Dr. N. # 1004 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME STOREY, LENNIS H STREET ADDRESS 13715 RICHMOND PARK DR N, #1008 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Kyria Graves STREET ADDRESS 13715 Richmond Park Dr N. # 1007 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  GALE D. BOYLAN		Date 2-7-04 Daytime Phone # 904-821-5449	

94053090



01152004 Chg-NP CR2E037 (10/03)