


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90221 033 ****61.25

DOCUMENT # N01000003097		
1. Entity Name WINDSOR POINTE X CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 1633 E. VINE ST. STE. 110 KISSIMMEE, FL 34744	Mailing Address 1633 E. VINE ST. STE. 110 KISSIMMEE, FL 34744
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14006668



2. Principal Place of Business <i>8009 S. Orange Ave</i>	3. Mailing Address <i>8009 S. Orange Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03032005 Chg-NP CR2E037 (10/03)

City & State <i>Orlando FL</i>	City & State <i>Orlando FL</i>
Zip <i>32809-6711</i>	Zip <i>32809-6711</i>
Country	Country

4. FEI Number 75-3087791	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LELAND MGMT. 1633 E. VINE ST. STE. 110 KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name <i>Leland Management Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>8009 S. Orange Ave</i> City <i>Orlando</i> FL Zip Code <i>32809-6711</i>	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 NAME STREET ADDRESS CITY - ST - ZIP	PD BOYLAN, GALE 13715 RICHMOND PARK DR N., 1004 JACKSONVILLE, FL 32224 <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	SD BOYLAN, ELAINE 13715 RICHMOND PARK DR N, #1004 JACKSONVILLE, FL 32224 <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	TD GRAVES, KYRIA 13715 RICHMOND PARK DR. N, #1007 JACKSONVILLE, FL 32224 <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	<i>Barbara Wilson, VP</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>13715 Richmond Park Dr. N. #1006</i> <i>Jacksonville, FL 32224</i>
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: *Barbara Wilson Vice-President 4/12/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #