


**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

**14006668**



2. Principal Place of Business  
 8009 S. Orange Ave  
 Suite, Apt. #, etc.

3. Mailing Address  
 8009 S. Orange Ave  
 Suite, Apt. #, etc.

03032005 Chg-NP CR2E037 (10/03)

City & State  
 Orlando FL

City & State  
 Orlando FL

Zip  
 32809-6711

Zip  
 32809-6711

Country

Country

4. FEI Number  
 75-3087791

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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  
 Leland Management Inc.

Street Address (P.O. Box Number is Not Acceptable)  
 8009 S. Orange Ave

City  
 Orlando

Zip Code  
 FL 32809-6711

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		
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	SD BOYLAN, ELAINE 13715 RICHMOND PARK DR N, #1004 JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete
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"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Barbara Wilson, VP 13715 Richmond Park Dr. N. #1006 Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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 #