

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003097

FILED
Apr 05, 2007
Secretary of State

Entity Name: WINDSOR POINTE X CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8009 S. ORANGE AVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

8009 S. ORANGE AVE
STE. 110
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 75-3087791 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809 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: PD () Delete
Name: BOYLAN, GALE
Address: 13715 RICHMOND PARK DR N., 1004
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD () Delete
Name: BOYLAN, ELAINE
Address: 13715 RICHMOND PARK DR N, #1004
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD () Delete
Name: STOREY, LENNIS
Address: 13715 RICHMOND PARK DR. N, #1008
City-St-Zip: JACKSONVILLE, FL 32224

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:

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: GALE BOYLAN

PD

04/05/2007

Electronic Signature of Signing Officer or Director

Date