

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90391 024 ****61.25

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



Principal Place of Business Mailing Address
10161 CENTURION PARKWAY NORTH SUITE 150 JACKSONVILLE FL 32256
10161 CENTURION PARKWAY NORTH SUITE 150 JACKSONVILLE FL 32256

2. Principal Place of Business 3. Mailing Address
13715 Richmond Park Dr N *13715 Richmond Park Dr N*
Suite, Apt. #, etc. Suite, Apt. #, etc.
1004 *1004*

City & State City & State
Jacksonville FL *Jacksonville FL*
Zip Country Zip Country
32224 *32224*



CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DUSS, JOHN S IV
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent
Name *Cate Boylan*
Street Address (P.O. Box Number is Not Acceptable) *13715 Richmond Park Dr N*
Unit 1004
City *Jacksonville* FL Zip Code *32224*

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 *Cate Boylan* DATE *MAR 30 2003*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 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	PTD	<input checked="" type="checkbox"/> Delete
NAME	SISK, JOHN	
STREET ADDRESS	10161 CENTURION PARKWAY NORTH SUITE 150	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	NESSMITH, ERNESTINE	
STREET ADDRESS	10161 CENTURION PARKWAY NORTH SUITE 150	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUSS, JOHN S	
STREET ADDRESS	10110 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>Cate Boylan (Resident)</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Cate Boylan</i>	
STREET ADDRESS	<i>13715 Richmond Park Dr N, 1004</i>	
CITY-ST-ZIP	<i>Jacksonville FL 32224</i>	
TITLE	<i>Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Elatrae Boylan</i>	
STREET ADDRESS	<i>13715 Richmond Park Dr N, 1004</i>	
CITY-ST-ZIP	<i>Jacksonville FL, 32224</i>	
TITLE	<i>Treasurer</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Lennis H Storey</i>	
STREET ADDRESS	<i>13715 Richmond Park Dr N, 1008</i>	
CITY-ST-ZIP	<i>Jacksonville FL 32224</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*

4/1/03

CR2E037 (10/02)