
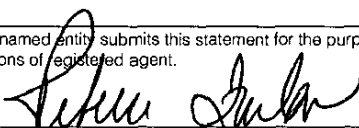
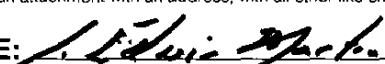


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90112 046 ****61.25

DOCUMENT # N01000004823					
1. Entity Name WINDSOR POINTE VIII CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1633 E VINE STREET SUITE 110 KISSIMMEE, FL 34744			Mailing Address 1633 E VINE STREET SUITE 110 KISSIMMEE, FL 34744		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 42-1590679	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LELAND MANAGEMENT 1633 E VINE STREET SUITE 110 KISSIMMEE, FL 34744				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> DATE 4/8/04 </div> </div>					
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 LAMB, RAE STREET ADDRESS 13715 RICHMOND PARK DR N #806 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		TITLE SIT/D NAME Rae Lamb STREET ADDRESS 13715 Richmond Park Dr N #806 CITY-ST-ZIP JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GELPI, YVETTE STREET ADDRESS 13715 RICHMOND PARK DR N#801 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME JONES, RYAN STREET ADDRESS 13715 RICHMOND PARK DR #807 CITY-ST-ZIP JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Jimmie Edwin Martin STREET ADDRESS 13715 Richmond Park Dr. N #808 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: 			J. Edwin Martin		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-26-04 904 378 4213		