


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-28-2005 90198 042 \*\*\*\*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**

**14004959**



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 Country  
**32809-6711**

4. FEI Number  
**42-1590679**

Applied For  
 Not Applicable

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

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 **Leland Management Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8009 S. Orange Ave**  
 City **Orlando** FL Zip Code **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	STD LAMB, RAE 13715 RICHMOND PARK DR N #806 JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELPI, YVETTE 13715 RICHMOND PARK DR N#801 JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, JIMMIE EDWIN 13715 RICHMOND PARK DR. N, #808 JACKSONVILLE, FL 32224	<input checked="" 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
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	Director Phyllis Comerford 13715 Richmond Park Dr. S. # 802 Jacksonville FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mary Stokes 13715 Richmond Park Dr. S. #805 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	President George Dickensson 13715 Richmond Park Dr. S. # 804 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: George Dickensson President Date 4/28/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #