

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	
2. Principal Place of Business 8009 S. ORANGE AVE Suite, Apt. #, etc.		3. Mailing Address 8009 S. ORANGE AVE Suite, Apt. #, etc.	
City & State ORLANDO FL Zip Country 32809-6711		City & State ORLANDO FL Zip Country 32809-6711	
4. FEI Number 42-1590679		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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			
TITLE	STD LAMB, RAE 13715 RICHMOND PARK DR N #806 JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete	
TITLE	D GELPI, YVETTE 13715 RICHMOND PARK DR N#801 JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	
TITLE	PD MARTIN, JIMMIE EDWIN 13715 RICHMOND PARK DR. N, #808 JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
TITLE		<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	Director Phyllis Comerford 13715 Richmond Park Dr. S. # 802 Jacksonville FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	Director Mary Stokes 13715 Richmond Park Dr. S. #805 Jacksonville FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	President George Dickenson 13715 Richmond Park Dr. S. # 804 Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<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: <u>George Dickenson</u> George Dickenson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
		Date	Daytime Phone #

14004959



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