


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

FILED

03 SEP 29 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Entity Name
N01000004823
WINDSOR POINTE VIII CONDOMINIUM ASSN.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1633 E. VINE STREET Suite, Apt. #, etc. SUITE 110 City & State KISSIMMEE, FL		3. Mailing Address 1633 E. VINE STREET Suite, Apt. #, etc. SUITE 110 City & State KISSIMMEE, FL	
Zip 34744	Country USA	Zip 34744	Country USA

04-02-03 90118 039 \$61.25
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4. FFI Number 42-1590679	Applied Fee Ingl. Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent Name LELAND MANAGEMENT Street Address (if O. Box Number is Not Acceptable) 1633 E. VINE ST., SUITE 110 City KISSIMMEE FL Zip Code 34744	

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IN THIS SPACE**

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, in familiar with, and accept the obligations of registered agent.

SIGNATURE: *Rae Lamb* DATE: 9/25/03

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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD RAE LAMB 13715 RICHMOND PARK DR N. #806, JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D YVETTE GELPI 13715 RICHMOND PARK DR N. #801, JACKSONVILLE, FL 3224	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD RYAN JONES 13715 RICHMOND PARK DR N. #807, JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 190.07(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 as officer or director of the corporation or the president or manager empowered to execute this report shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the president or manager empowered to execute this report as indicated on the attachment with an address in all other like employment; and that my name appears in Block 10 or on an attachment with an address in all other like employment.

SIGNATURE: *Rae Lamb* RAE LAMB DATE: 9-25-03 273-5595

CR2E037B (12/03)