

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

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N01994	
1. Entity Name WINDSOR PARK HOMEOWNERS ASSOCIATION, INC.	



Principal Place of Business 127 DAWN LAUREN LANE TALLAHASSEE, FL 32301	Mailing Address 127 DAWN LAUREN LANE TALLAHASSEE, FL 32301
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04232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2877873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARNES & JAMES, P.A. 2629 BLAIR STONE ROAD TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGLE, HOWARD 122 DAWN LAUREN TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRAHAM, JANET 723 TRUMAN AVE., 200049 PO BOX 6298 TALLAHASSEE, FL 323146298
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARINEAU, GORDEN 127 DAWN LAUREN LANE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-23-05 Date	922-5697 Daytime Phone #
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