
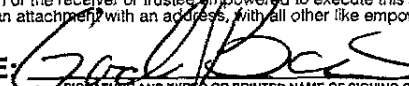


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 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	
DO NOT WRITE IN THIS SPACE			
		04252006 No Chg-NP CR2E037 (11/05)	
		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		DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD	DO NOT WRITE IN THIS SPACE	
NAME	ENGLE, HOWARD		
STREET ADDRESS	122 DAWN LAUREN		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		
TITLE	DS		
NAME	GRAHAM, JANET		
STREET ADDRESS	723 TRUMAN AVE., 200049 PO BOX 6298		
CITY-ST-ZIP	TALLAHASSEE, FL 323146298		
TITLE	TD	DO NOT WRITE IN THIS SPACE	
NAME	BARINEAU, GORDEN		
STREET ADDRESS	127 DAWN LAUREN LANE		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		4-25-06 877-7397	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	