2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001775

FILED Jan 12, 2009 Secretary of State

Entity Name: WINDSOR VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

727 WINDSOR LANE 727 WINDSOR LANE

KEY WEST, FL 33040 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1432 P.O. BOX 1432

KEY WEST, FL 33040 14 KEY WEST, FL 33041 US

FEI Number: 26-2680000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEE, CHARLES E 727 WINDSOR LANE KEY WEST, FL 33040 US

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.

SIGNATURE:

Cleater in Circulature of Devictor of Areas

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 STD
 () Delete
 Title:
 STD
 (X) Change () Addition

 Name:
 LEE, CHARLES E

Name:

 Address:
 272 WINDSOR LANE
 Address:
 727 WINDSOR LANE

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040 US

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 DAYKIN, JUDITH E
 Name:
 DAYKIN, JUDITH E

 Address:
 727 WINDSOR LANE
 Address:
 723 WINDSOR LANE

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040 US

Title: PD () Delete Title: PD (X) Change () Addition Name: KOLO, THEODORE JR. Name: KOLO, THEODORE JR.

 Address:
 715 WINDSOR LANE
 Address:
 715 WINDSOR LANE

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040 US

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 LEE, CHARLES E
 Name:
 LEE, CHARLES E

 Address:
 727 WINDSOR LANE
 Address:
 727 WINDSOR LANE

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E. LEE STD 01/12/2009