


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

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000004630</b> 1. Entity Name WINDSOR WINE ASSOCIATION, INC.	
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Principal Place of Business 3125 WINDSOR BLVD. VERO BCH, FL 32963	Mailing Address 3125 WINDSOR BLVD. VERO BCH, FL 32963
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**DO NOT WRITE IN THIS SPACE**

05032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 03-0459829	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

QUINN, JEROME D  
3111 CARDINAL DR.  
VERO BCH, FL 32963

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

05/09/05-80029-005 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COURSEN, BRAD 3125 WINDSOR BLVD VERO BCH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINN, JEROME D 3111 CARDINAL DR. VERO BCH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOOMEY, ROBERT 3125 WINDSOR BLVD. VERO BCH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #