2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90047 030 ****61.25

DOCUMENT # N02000006131

1. Entity Name
WINDSOR PARKE PROFESSIONAL CENTRE III OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
546 HIGHWAY 98 EAST DESTIN, FL 32541	546 HIGHWAY 98 EAST DESTIN, FL 32541

2. Principal Place of Business	3. Mailing Address
4745 Sutton Park Ct	4745 Sutton Park Ct
Suite, Apt. #, etc.: 603	Suite, Apt. #, etc.: 603
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32224 Country: US	Zip: 32224 Country: US

03152004 Chg-NP, CR2E037 (10/03)

4. FEI Number: 41-2038228 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DELVECCHIO, JAMES P
13500 SUTTON PARK DRIVE SOUTH
SUIRE 803
JACKSONVILLE, FL

7. Name and Address of New Registered Agent

Name: Pete Orlando
Street Address (P.O. Box Number is Not Acceptable): 4745 Sutton Park Ct #101
City: Jacksonville FL Zip Code: 32224

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BISHOP, JERRY 546 HIGHWAY 98 EAST DESTIN, FL 32541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Pete Orlando 4745 Sutton Park Ct #101 Jax, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DELVECCHIO, JAMES P 546 HIGHWAY 98 EAST DESTIN, FL 32541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Tim Wedel 4754 Sutton Park #601 Jax, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEGG, RICHARD 4001-B WETHERBURN WAY NORCROSS, GA 30092	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Barry Dixson 4745 Sutton Park Ct 603 Jax, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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 — Date — Daytime Phone #