2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005
Secretary of State

DOCUMENT# N02000006131

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

Current Principal Place of Business:

4745 SUTTUN PARK CT., #603
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4745 SUTTUN PARK CT., #603
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 41-2038228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORLANDO, PETE
4745 SUTTUN PARK CT., #603
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

ORLANDO, PETE
4745 SUTTUN PARK CT., #101
JACKSONVILLE, FL 32224 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: PETE ORLANDO 01/22/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: ORLANDO, PETE
Address: 4745 SUTTUN PARK CT., #101
City-St-Zip: JACKSONVILLE, FL 32224

Title: PD ( ) Delete
Name: WEDEL, TIM
Address: 4745 SUTTUN PARK CT., #601
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD ( ) Delete
Name: DIXSON, BARRY
Address: 4745 SUTTUN PARK CT., #603
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: TABB, JEFF
Address: 4745 SUTTUN PARK CT., #501
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETE ORLANDO T 01/22/2005
Electronic Signature of Signing Officer or Director Date