

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006131

FILED  
Jun 12, 2007  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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: TABB, JEFF  
Address: 4745 SUTTUN PARK CT., #501  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: DIXON, BARRY  
Address: 4745 SUTTUN PARK CT., #402  
City-St-Zip: JACKSONVILLE, FL 32224

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: PETE ORLANDO

T

06/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date