
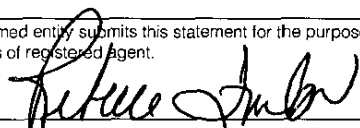


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90081 010 ****61.25

DOCUMENT # N02000008991 1. Entity Name WINDSOR POINTE VII CONDOMINIUM ASSOCIATION, INC.																																																																																						
Principal Place of Business 13863 WINDSOR PORTE DR N JACKSONVILLE, FL 32229				Mailing Address 13863 WINDSOR PORTE DR N JACKSONVILLE, FL 32229																																																																																		
2. Principal Place of Business 1633 E Vine St Suite, Apt. #, etc. Suite 110 City & State Kissimmee FL Zip 34744 Country USA		3. Mailing Address 1633 E Vine St Suite, Apt. #, etc. Suite 110 City & State Kissimmee FL Zip 34744 Country USA																																																																																				
4. FFI Number 20-0962274				Applied For <input type="checkbox"/> Not Applicable																																																																																		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03192004 Chg-NP CR2E037 (10/03)																																																																																		
6. Name and Address of Current Registered Agent GRAVELLE, MARK 13863 WINDSOR PORTE DR N JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name Leland Management Street Address (P.O. Box Number is Not Acceptable) 1633 E Vine St. Ste 110 City Kissimmee FL Zip Code 34744																																																																																			
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 4/8/04 <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																						
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State																																																																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD GRAVELLE, MARK</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">13863 WINDSOR PORTE DR N</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">JACKSONVILLE, FL 32224</td> </tr> <tr> <td>TITLE</td> <td>VPTD KLANK, SHANNA</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">13715 ALCOMOND PARK DR N #708</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">JACKSONVILLE, FL 32224</td> </tr> <tr> <td>TITLE</td> <td>SD GRAVELLE, MARIE</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">13715 RICHMOND PARK DR N #702</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">JACKSONVILLE, FL 32224</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD Gravelle, Mark</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">13863 Windsor Park Dr. N.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Jacksonville FL 32224</td> </tr> <tr> <td>TITLE</td> <td>VPTD Klank, Shanna N.</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	PD GRAVELLE, MARK	<input type="checkbox"/> Delete	STREET ADDRESS	13863 WINDSOR PORTE DR N		CITY-ST-ZIP	JACKSONVILLE, FL 32224		TITLE	VPTD KLANK, SHANNA	<input type="checkbox"/> Delete	STREET ADDRESS	13715 ALCOMOND PARK DR N #708		CITY-ST-ZIP	JACKSONVILLE, FL 32224		TITLE	SD GRAVELLE, MARIE	<input type="checkbox"/> Delete	STREET ADDRESS	13715 RICHMOND PARK DR N #702		CITY-ST-ZIP	JACKSONVILLE, FL 32224		TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	PD Gravelle, Mark	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	13863 Windsor Park Dr. N.		CITY-ST-ZIP	Jacksonville FL 32224		TITLE	VPTD Klank, Shanna N.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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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. Mark Gravelle SIGNATURE:  DATE 3/29/04 DAYTIME PHONE # 904-485-4037 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																						