2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006
Secretary of State

DOCUMENT# N02000008991

Entity Name: WINDSOR POINTE VII CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8009 S ORANGE AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

8009 S ORANGE AVENUE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 20-0962274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S ORANGE AVENUE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: GRAVELLE, MARK
Address: 13863 WINDSOR PARK DR. N.
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPTD ( ) Delete
Name: KLAUK, SHANNA N
Address: 13715 ALCOMOND PARK DR N #708
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD (X) Delete
Name: GRAVELLE, MARIE
Address: 13715 RICHMOND PARK DR N #702
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GRAVELLE, MARK
Address: 13863 WINDSOR PARK DR. N.#70
City-St-Zip: JACKSONVILLE, FL 32224

Title: STD (X) Change ( ) Addition
Name: KLAUK, SHANNA N
Address: 13715 ALCOMOND PARK DR N #708
City-St-Zip: JACKSONVILLE, FL 32224

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK GRAVELLE PD 03/24/2006

Electronic Signature of Signing Officer or Director — Date