2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE REQUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State 05-01-2003 90545 002 ****61.25 DOCUMENT # N02000008991 WINDSOR POINTE VII CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 10161 CENTURION PARKWAY NORTH 55046150 10161 CENTURION PARKWAY MORTH SUITE 150 SUITE 150 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address 13863 Windsor 13863 Univer Porte Dr Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number Tucksonvi Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Duval Dwal 32224 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mark Gravelle DUSS, JOHN S IV Street Address (P.O. Box Number is Not Acceptable) 10110 SAN JOSE BOULEVARD JACKSONVILLE FL 32257 Zio Code 32224 Jacksonville 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. If am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. MARK Gravelle (10/02)TITLE TITLE Delete NAME NAME #150 13863 windson porte Dr N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32256 Jacksonville, FL Jacksonville CITY-ST-ZIP presion ent VICE DRYSIDENT/ TREAS. **25** Delete TITLE ☐ Change TITLE NAME NAME DR N- 2108. FORTH Way WEAT IS OF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32256 CITY-ST-ZIP Jachsonvilly ☐ Delete TITLE make Gravelle NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Oelete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

Jun 04, 2003 8:00 am

485-4037