


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-16-2004 90112 047 \*\*\*\*61.25

**DOCUMENT # N02000008993**

1. Entity Name  
**WINDSOR POINTE XI CONDOMINIUM ASSOCIATION, INC.**




Principal Place of Business  
**10161 CENTURION PARKWAY NORTH  
 SUITE 150  
 JACKSONVILLE, FL 32256**

Mailing Address  
**10036 SAWGRASS DEW  
 STE 1  
 PONTE VEDRA BEACH, FL 32082**

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**

*24044772*



02172004 Chg-NP CR2E037 (10/03)

4. FEI Number **75-3087791** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FURLOW, REBECCA  
 C/O LELAND MANAGEMENT INC  
 1633 E. VINE ST., SUITE 110  
 KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 *Rebecca Furlow* DATE *4/8/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, BENJAMIN 13715 RICHMOND PARK DR 1107 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRUEGER, NANCY 13715 RICHMOND PARK DR N 1101 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRIS, ANN 13715 RICHMOND PARK DR N. 1104 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Benjamin Walker* **BENJAMIN WALKER** DATE: *3/22/04* DAYTIME PHONE #: *904/223-3677*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #