


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90198 043 \*\*\*\*61.25

<b>DOCUMENT # N02000008993</b>			
1. Entity Name <b>WINDSOR POINTE XI CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 1633 E VINE ST SUITE 110 KISSIMEE, FL 34744 US		Mailing Address 1633 E VINE ST SUITE 110 KISSIMEE, FL 34744 US	
2. Principal Place of Business <i>8009 S. Orange Ave</i>		3. Mailing Address <i>8009 S. Orange Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Ocala FL</i>		City & State <i>Ocala FL</i>	
Zip <i>32809-6711</i>		Zip <i>32809-6711</i>	
Country		Country	
4. FEI Number <b>75-3087791</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FURLOW, REBECCA</b> C/O LELAND MANAGEMENT INC 1633 E. VINE ST., SUITE 110 KISSIMEE, FL 34744		7. Name and Address of New Registered Agent Name: <i>Rebecca Furlow - c/o Leland Mgmt</i> Street Address (P.O. Box Number is Not Acceptable) <i>8009 S. Orange Ave</i> City: <i>Ocala</i> FL Zip Code: <i>32809-6711</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, BENJAMIN	NAME	
STREET ADDRESS	13715 RICHMOND PARK DR 1107	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32224	CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUEGER, NANCY	NAME	
STREET ADDRESS	13715 RICHMOND PARK DR N 1101	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32224	CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, ANN	NAME	
STREET ADDRESS	13715 RICHMOND PARK DR N. 1104	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32224	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <i>Benjamin Walker</i>		Date: <i>4/28/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

66021091



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