


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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

3/1

03-19-2003 90117 028 \*\*\*\*61.25

<b>DOCUMENT # N02000008993</b>			
1. Entity Name <b>WINDSOR POINTE XI CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>10161 CENTURION PARKWAY NORTH SUITE 150 JACKSONVILLE FL 32256</b>		Mailing Address <b>10161 CENTURION PARKWAY NORTH SUITE 150 JACKSONVILLE FL 32256</b>	
2. Principal Place of Business		3. Mailing Address <b>10036 Sawgrass Dr W</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 1</b>	
City & State <b>Ponte Vedra Beach FL</b>		City & State <b>Ponte Vedra Beach FL</b>	
Zip <b>32082</b>		Country <b>USA</b>	
4. FEI Number <b>75-3087791E</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent <b>DUSS, JOHN S IV 10110 SAN JOSE BOULEVARD JACKSONVILLE FL 32257</b>		7. Name and Address of New Registered Agent Name: <b>Patricia Arenas</b> Street Address (P.O. Box Number is Not Acceptable): <b>10036 Sawgrass Dr. W. Suite 1</b> City: <b>Ponte Vedra Beach FL</b> Zip Code: <b>32082</b>	
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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: *[Signature]* **Patricia Arenas** DATE: **3/17/03**

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

<b>FILE NOW: FEE IS \$61.25</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 checked="" 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 checked="" 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)(l), 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: *[Signature]* **Benjamin P. Walker, II** DATE: **3/5/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)