


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90083 045 ****61.25

DOCUMENT # N03000003860

1. Entity Name
WINDSOR BAY ESTATES NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**G.R.S. MANAGEMENT ASSOCIATES, INC.
 3900 WOODLAKE BLVD, STE 309
 LAKE WORTH, FL 33463**

Mailing Address
**G.R.S. MANAGEMENT ASSOCIATES, INC.
 3900 WOODLAKE BLVD, STE 309
 LAKE WORTH, FL 33463**

40075880



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
55-0836041

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**JAY STEVEN LEVINE PA
 LEVINE AND BURR, ATTORNEYS
 3300 PGA BLVD., STE. 530
 PALM BEACH GARDENS, FL 33410**

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 _____
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, 2007**

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

TITLE	V	<input type="checkbox"/> Delete
NAME	WARD, TOM	
STREET ADDRESS	11789 WINDSOR BAY PL.	
CITY-ST-ZIP	WELLINGTON, FL 33467	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THEODORE, WILLIAM	
STREET ADDRESS	3776 ISLES VISTA BLVD	
CITY-ST-ZIP	WELLINGTON, FL 33467	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALTON, STEPHEN	
STREET ADDRESS	11529 WINDSOR BAY PLACE	
CITY-ST-ZIP	WELLINGTON, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: William C. Theodore **WILLIAM C. THEODORE** 4/2/07 (561) 893-3rd 5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #