

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90033 005 ****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**



01212008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
55-0836041

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WARD, TOM
11789 WINDSOR BAY PL.
WELLINGTON, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
THEODORE, WILLIAM
3776 ISLES VISTA BLVD
WELLINGTON, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WALTON, STEPHEN
11529 WINDSOR BAY PLACE
WELLINGTON, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, SECRETARY

2/4/2008

561-893-3425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #