


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90238 019 \*\*\*\*61.25

<b>DOCUMENT # N03000004838</b>					
<b>1. Entity Name</b> WINDSOR ESTATES COMMUNITY ASSOCIATION, INC.					
<b>Principal Place of Business</b> 906 WINDSOR ESTATES DR DAVENPORT, FL 33837			<b>Mailing Address</b> P.O. BOX1243 DAVENPORT, FL 33836-1243		
<b>2. Principal Place of Business - No P.O. Box #</b> 202 Windsor Estates Dr		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Davenport, Florida		City & State		<b>4. FEI Number</b> 20-1572427	
Zip 33837		Country USA		Country	
<b>6. Name and Address of Current Registered Agent</b> MAYS, HELENA M 703 WINDSOR ESTATES DR DAVENPORT, FL 33837				<b>7. Name and Address of New Registered Agent</b>	
Name Helena M. Mays				Street Address (P.O. Box Number is Not Acceptable) same	
City FL				Zip Code	
<b>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.</b>					
SIGNATURE: <u>Helena M Mays</u> <u>4/29/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> CORTES, JUSTIN <b>STREET ADDRESS</b> 906 WINDSOR ESTATES DR <b>CITY-ST-ZIP</b> DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> President <b>NAME</b> Jodie Reynolds <b>STREET ADDRESS</b> 202 Windsor Estates Dr. <b>CITY-ST-ZIP</b> Davenport, FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> CUESTE, WILL <b>STREET ADDRESS</b> 252 WINDSOR ESTATES DR <b>CITY-ST-ZIP</b> DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Secretary/Treasurer <b>NAME</b> Helena M. Mays <b>STREET ADDRESS</b> 703 Windsor Estates Dr. <b>CITY-ST-ZIP</b> Davenport, FL 33837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> MAYS, HELENA <b>STREET ADDRESS</b> 703 WINDSOR ESTATES DR <b>CITY-ST-ZIP</b> DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Kyle Gross <b>STREET ADDRESS</b> 743 Windsor Estates Dr. <b>CITY-ST-ZIP</b> Davenport, FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DIR <b>NAME</b> WEBER, HEIDE <b>STREET ADDRESS</b> 305 WINDSOR ESTATES DR <b>CITY-ST-ZIP</b> DAVENPORT, FL 33837	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> WALKER, JENNIFER <b>STREET ADDRESS</b> 548 WINDSOR ESTATES <b>CITY-ST-ZIP</b> DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> ARNOLD, DAVID <b>STREET ADDRESS</b> 528 WINDSOR ESTATES DR <b>CITY-ST-ZIP</b> DAVENPORT, FL 33837	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <u>Helena M Mays</u> <u>4/29/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: _____ Daytime Phone #: _____					