

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004838

FILED  
Mar 15, 2009  
Secretary of State

**Entity Name:** WINDSOR ESTATES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

202 WINDSOR ESTATES DR  
DAVENPORT, FL 33837 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX1243  
DAVENPORT, FL 338361243

**New Mailing Address:**

P.O. BOX 1243  
DAVENPORT, FL 338361243

**FEI Number:** 20-1572427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAYS, HELENA M  
703 WINDSOR ESTATES DR  
DAVENPORT, FL 33837 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REYNOLDS, JODIE  
Address: 202 WINDSOR ESTATES DR.  
City-St-Zip: DAVENPORT, FL 33837

Title: ST ( ) Delete  
Name: HAYS, HELENA  
Address: 703 WINDSOR ESTATES DR  
City-St-Zip: DAVENPORT, FL 33837

Title: DIR ( ) Delete  
Name: WEBER, HEIDE  
Address: 305 WINDSOR ESTATES DR  
City-St-Zip: DAVEPORT, FL 33837

Title: D ( ) Delete  
Name: GROSS, KYLE  
Address: 743 WINDSONR ESTAES DR  
City-St-Zip: DAVENPORT, FL 33837

Title: D (X) Delete  
Name: ARNOLD, DAVID  
Address: 528 WINDSOR ESTATES DR  
City-St-Zip: DAVENPORT, FL 33837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S/T (X) Change ( ) Addition  
Name: MAYS, HELENA  
Address: 703 WINDSOR ESTATES DR  
City-St-Zip: DAVENPORT, FL 33837

Title: VP (X) Change ( ) Addition  
Name: ARNOLD, DAVID  
Address: 528 WINDSOR ESTATES DR  
City-St-Zip: DAVENPORT, FL 33837

Title: DIR (X) Change ( ) Addition  
Name: GROSS, KYLE  
Address: 743 WINDSOR ESTAES DR  
City-St-Zip: DAVENPORT, FL 33837

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELENA M. MAYS

S/T

03/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date