

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007940

FILED
Aug 12, 2004
Secretary of State**Entity Name:** VILLAGES OF WINDSOR (MASTER) HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3333 S CONGRESS AVE
DELRAY BCH, FL 33445**New Principal Place of Business:****Current Mailing Address:**3333 S CONGRESS AVE
DELRAY BCH, FL 33445**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHERMAN, MITCHELL A ESQ
1301 N CONGRESS AVE STE 210
BENTON BCH, FL 33426 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:** DP () Delete
Name: AKEL, RAMZI
Address: 3333 S CONGRESS AVE 401
City-St-Zip: DELRAY BCH, FL 33445**Title:** DV () Delete
Name: SCARDINA, CHARLES
Address: 3333 S CONGRESS AVE STE 401
City-St-Zip: DELRAY BCH, FL 33445**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAMZI AKEL

DP

08/12/2004

Electronic Signature of Signing Officer or Director

Date