

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003259

FILED  
Apr 19, 2008  
Secretary of State

**Entity Name:** WINDSOR GARDENS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

828 WINDSOR LN  
KEY WEST, FL 33040

**New Principal Place of Business:**

826 WINDSOR LN  
KEY WEST, FL 33040

**Current Mailing Address:**

828 WINDSOR LN  
KEY WEST, FL 33040

**New Mailing Address:**

PO BOX 240203  
HONOLULU, HI 96824

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MCCORKINDALE, MATTHEW  
828 WINDSOR LN  
KEY WEST, FL 33040 US

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

SAVAGE, ZITA  
826 WINDSOR LN  
KEY WEST, FL 33040 US

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: ZITA SAVAGE

04/19/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SAVAGE, ZITA  
Address: 826 WINDSOR LN  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: MCCORKINDALE, MATTHEW  
Address: 828 WINDSOR LN  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: THEEDE, ANDREW  
Address: 828 WINDSOR LN  
City-St-Zip: KEY WEST, FL 33040

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

Title: D (X) Change ( ) Addition  
Name: SAVAGE, ZITA  
Address: PO BOX 240203  
City-St-Zip: HONOLULU, HI 96824

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 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: ZITA SAVAGE

D

04/19/2008

Electronic Signature of Signing Officer or Director

Date