

N050000011713

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

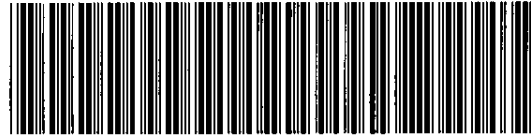
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 JUN 13 PM 2:49

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RH/RD/chs  
10 6/13/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Windsor Falls Condominiums  
Name of Corporation

**DOCUMENT NUMBER:** N05000011713

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bonita <sup>BM</sup> ~~Bonnie~~ Myers  
Name of Contact Person

Windsor Falls Condominiums Association, Inc.  
Firm/Company

8189 Cabin Lake Circle  
Address

Jacksonville, FL 32256  
City/State and Zip Code

windsorfallsoffice@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

(Bonita) Bonnie Myers at ( 904 ) 345-5022  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2011

*Bonita*  
GM. BONNIE MYERS  
WINDSOR FALLS CONDOMINIUM ASSOCIATION  
8189 CABIN LAKE CIRCLE  
JACKSONVILLE, FL 32256

SUBJECT: WINDSOR FALLS CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N05000011713

We have received your document for WINDSOR FALLS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 911A00013795

RECEIVED  
11 JUN 13 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

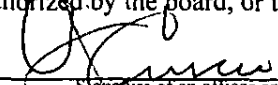
1. The name of the corporation: Windsor Falls Condominiums Association, T.A.C.
2. The principal office address: 8189 Cabin Lake Circle  
Jacksonville, FL 32256
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/18/2005 Document number: N05000011713
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
May Management  
~~12627 San Jose Blvd #501~~ 5455 AIA South  
~~Jacksonville, FL 32223~~ Saint Augustine, FL 32080

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Bonita F. Myers

~~Windsor Falls Condominiums Association, T.A.C.~~  
8189 Cabin Lake Circle  
P.O. Box NOT acceptable  
Jacksonville, FL 32256

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

VINCENT J CURCIO  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

5-27-2011  
Date

If signing on behalf of an entity:

Bonita F. Myers  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 13 PM 2:49