


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90028 020 \*\*\*\*61.25

<b>DOCUMENT #</b> N06000002629	
<b>1. Entity Name</b> WINDSOR PARK CIVIC ASSOCIATION, INC.	

<b>Principal Place of Business</b> 1726 GREAT BRIKHILL RD. CLEARWATER, FL 33755 US	<b>Mailing Address</b> 1726 GREAT BRIKHILL RD. CLEARWATER, FL 33755 US
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<b>2. Principal Place of Business - No P.O. Box #</b> 1756 Ashton Abbey Rd.	<b>3. Mailing Address</b> 1756 Ashton Abbey Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Clearwater, FL	<b>City &amp; State</b> Clearwater, FL
<b>Zip</b> 33755	<b>Zip</b> 33755
<b>Country</b> US	<b>Country</b> US

40000858



01042008 Chg-NP CR2E037 (12/06)

<b>4. FEI Number</b> 20-4832491	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b> BLOOM, JOSEPH P 2021 BRAMPTON RD. CLEARWATER, FL 33755	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> P	<b>NAME</b> GOINS, JAMES B	<b>TITLE</b> CHAIRMAN	<b>NAME</b> Norma Carlough
<b>STREET ADDRESS</b> 1726 GREAT BRIKHILL RD.	<b>CITY-ST-ZIP</b> CLEARWATER, FL 33755	<b>STREET ADDRESS</b> 1756 Ashton Abbey Rd.	<b>CITY-ST-ZIP</b> Clearwater, FL 33755
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP	<b>NAME</b> BAUWIN, BOBBIE	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 1740 ASHTON ABBEY RD.	<b>CITY-ST-ZIP</b> CLEARWATER, FL 33755	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SECR	<b>NAME</b> ERICKSON, MARY JO	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 1735 GREAT BRIKHILL RD.	<b>CITY-ST-ZIP</b> CLEARWATER, FL 33755	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TREA	<b>NAME</b> BOWMAN, LYNN	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 2069 LITTLE NECK RD.	<b>CITY-ST-ZIP</b> CLEARWATER, FL 33755	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

**SIGNATURE:** X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(CHAIRMAN)

1-5-08

443-3630