

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90095 025 ****70.00

DOCUMENT # N06724

1. Entity Name

WINDTREE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13340 W COLONIAL DR
 SUITE 250
 WINTER GARDEN FL 34787
 US

13340 W COLONIAL DR
 SUITE 250
 WINTER GARDEN FL 34787
 US

B0111576



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3417469

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASHBURN, ESQ., ERIC S
102 EAST MAPLE STREET
WINTER GARDEN FL 34787

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOLSOM, LYNN M	
STREET ADDRESS	13340 W. COLONIAL DR. #250	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COWART, GENE	
STREET ADDRESS	310 S. DILLARD STREET	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LACEY, JOANN	
STREET ADDRESS	13340 W. COLONIAL DR., #250	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

Daytime Phone #

CR2E037 (9/01)