©004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06724

WINDTREE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.



Apr 05, 2004 8:00 am Secretary of State 04-05-2004 90077 048 ****70.00

FILED

Principal	Place of	Business

13340 W COLONIAL DR

Mailing Address PO BOX 770088

SUITE 250 WINTER GARDEN WINTER GARDEN, FL 34787 US WINTER GARDEN, FL 34777-0088 US				 					
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.	, Apt. #, etc.		03032004 Chg-NP CR2E037 (10/03)				
City & State		City & State			4. FEI Number				
Zip Country Zip		Countr	ry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				'		7. Name and Add	dress of New Register	ed Agent	
MACHDIIE					Name				
MASHBURN, ESQ., ERIC S 102 EAST MAPLE STREET				Street Address	(P.O. Box Number is	Not Acceptable)			
WINTER	SARDEN,	FL 34787		-					
					City		F	Zip Code	9
	named entit ions of regis	ty submits this statement for tered agent.	the purpose of changing i	ts registered	office or regist	ered agent, or both, in	n the State of Florida. Ta	am familiar with,	and accept
SIGNATURE	Signature, typed	d or printed name of registered agent ar	nd title if applicable. (NC	DTE: Registered A	gent signature requir	red when reinstating)	DA	rE	
Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Trust Fund Contribu									
10.		OFFICERS AND DIRE	10. OFFICERS AND DIRECTORS 11			ADDITIONS (CHANG	SES TO OFFICERS AND	DIDECTORS IN	10
						ADDITIONS/CITAING	aca TO OFFICENS AND	DINECTORS IN	10
TITLE	PD		☐ Delete	TITLE	P	D		Change	Addition
NAME	FOLSOM	, LYNN M	_	TITLE NAME	Ė	D OLSOM, LVN/	J M.	🔀 Change	
	FOLSOM 13340 W.		_	TITLE NAME	ADDRESS 1	D OLSOM, LVN/	u m. Int street	🔀 Change	
NAME STREET ADDRESS	FOLSOM 13340 W. WINTER VD	, LYNN M COLONIAL DR. #250 GARDEN, FL 34787	_	TITLE NAME STREET	ADDRESS 1	D OLSOM, LYNI YO W. PLA	u m. Int street	Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FOLSOM 13340 W. WINTER VD COWART	I, LYNN M COLONIAL DR. #250 GARDEN, FL 34787	☐ Delete	TITLE NAME STREET A CITY-ST TITLE NAME	ADDRESS 1.1	D OLSOM, LYNI YO W. PLA	u m. Int street	Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FOLSOM 13340 W. WINTER VD COWART 310 S. DI WINTER STD LACEY, J	I, LYNN M COLONIAL DR. #250 GARDEN, FL 34787 I, GENE LLARD STREET GARDEN, FL 34787	☐ Delete	TITLE NAME STREET / CITY-ST TITLE NAME STREET /	ADDRESS 1.4 ADDRESS 1.4 ADDRESS 1.7 ADDRES	DOLSOM, LYNI 40 W. PLA INTER GA TD CEY. JO A	N M. INT STREET RDEN, FL	Change	Addition Addition
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I hereby certify that the information supplied with this filling 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 truetee 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:

lon SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/03/04

407-877-0505

Daytime Phone #