


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90077 048 \*\*\*\*70.00

<b>DOCUMENT # N06724</b>					
<b>1. Entity Name</b> WINDTREE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 13340 W COLONIAL DR SUITE 250 WINTER GARDEN, FL 34787 US		<b>Mailing Address</b> PO BOX 770088 WINTER GARDEN WINTER GARDEN, FL 34777-0088 US			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3417469	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
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
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
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 PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME FOLSOM, LYNN M. STREET ADDRESS 140 W. PLANT STREET 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE STD <input type="checkbox"/> Delete NAME LACEY, JOANN STREET ADDRESS 13340 W. COLONIAL DR., #250 CITY-ST-ZIP WINTER GARDEN, FL 34787			TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME LACEY, JO ANN STREET ADDRESS 140 W. PLANT STREET CITY-ST-ZIP WINTER GARDEN, FL 34787		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Lynn M. Folsom</i>		Date: 3/03/04		Daytime Phone #: 407-877-0505	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					