

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90104 008 ****61.25

DOCUMENT # N13167 1. Entity Name WINDSOR WAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % WELLINGTON MANAGEMENT INC. 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414			Mailing Address % WELLINGTON MANAGEMENT INC. 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2639592	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEWSOME, JOHN % WELLINGTON MANAGEMENT INC. 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, DOUGLAS		NAME	LIEBERMAN, FAITH	
STREET ADDRESS	2499 WINDSOR WAY CT		STREET ADDRESS	2507 WINDSOR WAY CT	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVIN, MORTON		NAME	PETERSON, CARL	
STREET ADDRESS	2555 WINDSOR WAY CT		STREET ADDRESS	2579 WINDSOR WAY CRT	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOVERN, WILLIAM		NAME		
STREET ADDRESS	2539 WINDSOR WAY CT		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTIGAN, JAMES		NAME		
STREET ADDRESS	2577 SHELTINGHAM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHLKE, WILLIAM		NAME		
STREET ADDRESS	2498 WINDSOR WAY CT.		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOPPING, TRACY		NAME		
STREET ADDRESS	2395 WINDSOR WAY CT		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		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 817, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3/21/2005 Daytime Phone #: 561-795-7767		