


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90020 028 ****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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2639592			
Zip	Country	Zip	Country	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			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 _____			DATE _____				
Filing Fee is \$61.25 Due by May 1, 2008			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	D	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BROWNING, RANDY		NAME	Scheffrin, Aram			
STREET ADDRESS	2450 WINDSOR WAY CT		STREET ADDRESS	2601 Sheltingham Dr.			
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	Wellington FL 33414			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LEVIN, MORTON		NAME	Garcia-Velez, Mary L			
STREET ADDRESS	2555 WINDSOR WAY CT		STREET ADDRESS	2506 Windsor Way			
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	Wellington FL 33414			
TITLE	TD	<input checked="" 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	MALONEY, BETSY		NAME				
STREET ADDRESS	2552 SHELTINGHAM DRIVE		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33414		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: _____			Date: MARCH 26 2008		Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							