



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90025 035 ****61.25

DOCUMENT # N17140 1. Entity Name LAKE WINDWOOD CONDOMINIUM VII ASSOCIATION, INC.					
Principal Place of Business 320 OLIVEWOOD PLACE BOCA RATON, FL 33431 US			Mailing Address % GATES MANAGEMENT SERVICES P O BOX 2568 BOCA RATON, FL 33427 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01242008 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-2734911	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GELFAND, MICHAEL J 1555 PALM BEACH LAKES BLVD SUITE 1220 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) 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 PD <input checked="" type="checkbox"/> Delete NAME FREELAND, JENNIFER STREET ADDRESS 330 OLIVEWOOD PLACE #0-216 CITY-ST-ZIP BOCA RATON, FL 33431			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE DD <input type="checkbox"/> Delete NAME DARCONTE, VINCENT STREET ADDRESS 320 OLIVEWOOD PLACE #0-213 CITY-ST-ZIP BOCA RATON, FL 33431			TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Darconte, Vincent STREET ADDRESS 320 Olivewood Place #0-213 CITY-ST-ZIP Boca Raton, FL 33431		
TITLE VD <input type="checkbox"/> Delete NAME ODIERNO, WILLIAM C STREET ADDRESS 320 OLIVEWOOD PLACE #0-214 CITY-ST-ZIP BOCA RATON, FL 33431			TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Odierno, William C. STREET ADDRESS 320 Olivewood Place #)-214 CITY-ST-ZIP Boca Raton, FL 33431		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Patel, Hemang V. STREET ADDRESS 330 Olivewood Pl. #0-218 CITY-ST-ZIP Boca Raton, FL 33431		
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		
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: <u>William C. Odierno</u> William C. Odierno, President 2/28/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					