

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N25350

1. Entity Name
LAKE WINDWOOD CONDOMINIUM X ASSOCIATION, INC.



Principal Place of Business
**320 & 330 NORWOOD TERRACE
BOCA RATON, FL 33431 US**

Mailing Address
**320 NORWOOD PL
BOCA RATON, FL 33431 US**



01262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0015625

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALCUTT, JESSIE
9506 AEGEAN DR
BOCA RATON, FL 33496**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALCUTT, JESSIE 9506 AEGEAN DR BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHREIBER, ROBERTA B 330 NORWOOD TERR N-217 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTT, MANUEL 330 NORWOOD TERR N-218 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000633898
02/21/07-80080-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jessie Walcutt, President

Date

Daytime Phone #

2/7/07