




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90053 012 ****61.25

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Gates Mgmt Services			
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 2568			
City & State		City & State Boca Raton, FL			
Zip		Zip 33427		Country US	
4. FEI Number 65-0015625				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALCUTT, JESSIE 9506 AEGEAN DR BOCA RATON, FL 33496				7. Name and Address of New Registered Agent Name Michael J. Gelfand Street Address (P.O. Box Number is Not Acceptable) 1555 PALM BEACH LAKES BLVD., Suite 1220 City West Palm Beach FL Zip Code 33401	
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  2/18/07 <small>Signature, typed or printed name of registered agent and benefit applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE PD NAME WALCUTT, JESSIE <input type="checkbox"/> Delete STREET ADDRESS 9506 AEGEAN DR CITY-ST-ZIP BOCA RATON, FL 33496			TITLE PD NAME WALCUTT, Jesse <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 4417 Sugarpine Drive CITY-ST-ZIP Boca Raton, FL 33487		
TITLE STD NAME SCHREIBER, ROBERTA B <input type="checkbox"/> Delete STREET ADDRESS 330 NORWOOD TERR N-217 CITY-ST-ZIP BOCA RATON, FL 33431			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME KOTT, MANUEL <input type="checkbox"/> Delete STREET ADDRESS 330 NORWOOD TERR N-218 CITY-ST-ZIP BOCA RATON, FL 33431			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

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:  **Jessie Walcutt, President** 2/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #