

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49137

FILED
Apr 25, 2008
Secretary of State

Entity Name: WINDSOR PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-3149660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JORDAN, BRETT M
882 JACKSON AVE
WINTER PARK, FL 32785 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MC ALHANEY, HARDEE
Address: 5397 CHISWICK CIRCLE
City-St-Zip: ORLANDO, FL 32812

Title: PD () Delete
Name: FENWICK, FRED
Address: 5231 HAWFORD CIR
City-St-Zip: ORLANDO, FL 32812

Title: TD () Delete
Name: COBB, JOHN
Address: 5362 CHISWICK CIRCLE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: CONVILLE, JOE
Address: 5309 HAWFORD CIRCLE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: BLAKE, JEFF
Address: 5327 HAWFORD CIRCLE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: ALEXANDER, JULIE
Address: 5278 CHISWICK CIRCLE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BABIR, DAVID
Address: 5249 HAWFORD CIRCLE
City-St-Zip: ORLANDO, FL 32812

Title: D (X) Change () Addition
Name: WALASZELK, SHELIA
Address: 5302 CHISWICK CIR
City-St-Zip: ORLANDO, FL 32812

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: CONVILLE, JOE
Address: 5309 HAWFORD CIRCLE
City-St-Zip: ORLANDO, FL 32812

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE CONVILLE

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date