

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State

06-21-2006 90177 001 ***202.50

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DOCUMENT # N50655 1. Entity Name RESIDENT INITIATIVE COUNCIL OF WINDSOR APARTMENTS, INC.					
Principal Place of Business 524 SOUTH BEACH STREET #B DAYTONA BEACH, FL 32114			Mailing Address 524 SOUTH BEACH STREET #B DAYTONA BEACH, FL 32114		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3526075	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRETZER, JOHN 524 SOUTH BEACH STREET DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u><i>John B Kretzer</i></u> DATE <u>6/14/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 6, 2006		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUZNER, FRANK <input type="checkbox"/> Delete 524 S BEACH STREET, APT 411 DAYTONA BEACH, FL 32114				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRETZER, JOHN <input type="checkbox"/> Delete 524 BEACH ST, APT 203 DAYTONA BEACH, FL 32114				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, ELLA <input type="checkbox"/> Delete 524 S BEACH ST #912 DAYTONA BEACH, FL 32114				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NELSON, LINDA <input type="checkbox"/> Delete 524 S BEACH STREET 707 DAYTONA BEACH, FL 32114				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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: <u><i>John B Kretzer</i></u> Date <u>6/14/06</u> Daytime Phone # <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					