## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N50655

FILED Apr 30, 2009 Secretary of State

Entity Name: RESIDENT INITIATIVE COUNCIL OF WINDSOR APARTMENTS, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
524 SOUT #B	TH BEACH STE	REET			
. –	BEACH, FL	32114			
Current Mailing Address:			New Mailing Address	s:	
524 SOUT #B	H BEACH ST	REET			
	BEACH, FL	32114			
FEI Number	: 59-3526075	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:	
WRIGHT, WILLIAM 524 SOUTH BEACH STREET DAYTONA BEACH, FL 32114 US			805 DAYTONA BEACH, FI	524 SOUTH BEACH STREET	
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: WILLIAM WRIGHT				04/30/2009	
	Electror	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P ( ) WRIGHT, WILL 524 S BEACH : DAYTONA BEA	ST 805	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( PEEPLES, ELI 524 S BEACH : DAYTONA BEA	ST 112	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S MILLER, ILENE 524 S BEACH : DAYTONA BEA	ST #905	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T ( ) JOHNSON, NE 524 S BEACH : DAYTONA BEA	ST APT 404	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ELIZABETH PEEPLES S 04/30/2009