

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002092

1. Entity Name

WINDSOR PARKE PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90162 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6900 SOUTHPPOINT DRIVE NORTH  
STE. 250  
JACKSONVILLE FL 32216  
US

6900 SOUTHPPOINT DRIVE NORTH  
STE. 250  
JACKSONVILLE FL 32216-0936  
US

2. Principal Place of Business  
2180 WEST SR 434

3. Mailing Address  
2180 WEST SR 434

Suite, Apt. #, etc.  
5000

Suite, Apt. #, etc.  
5000

City & State  
LONGWOOD FL

City & State  
LONGWOOD FL

Zip  
32779

Country  
USA

Zip  
32779

Country  
USA

4. FEI Number  
59-2527889

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, BERT C  
1660 PRUDENTIAL DRIVE  
SUITE 203  
JACKSONVILLE FL 32207

HART, JAMES W JR  
SENTRY MANAGEMENT, INC  
2180 W SR 434 STE 5000  
LONGWOOD FL 32779-5044

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME SANKERS, GUS  
STREET ADDRESS 6900 SOUTHPPOINT DR, N., STE. 250  
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ Change ☒ Addition  
NAME JACKIE WILSON  
STREET ADDRESS 4747 HODGES BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ST ☒ Delete  
NAME PLANCE, SANDRA  
STREET ADDRESS 6900 SOUTHPPOINT DR N SUITE 250  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VD ☐ Change ☒ Addition  
NAME JIM BLAGG  
STREET ADDRESS 4377 ASHFIELD DR  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE VD ☒ Delete  
NAME ALEXANDER, FRANZEL  
STREET ADDRESS 6900 SOUTHPPOINT DRIVE, SUITE 250  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE SD ☐ Change ☒ Addition  
NAME BETSY CREWS  
STREET ADDRESS 8917 WESTERN WAY #6  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition  
NAME DENNIS BOURGUE  
STREET ADDRESS 4248 ALESBURY DR  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME DAVID MOORE  
STREET ADDRESS 13839 HEATHFORD DR  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME BRENDA ECKSTROM  
STREET ADDRESS 13700 N SUTTON PARK DR  
CITY-ST-ZIP JACKSONVILLE FL 32224

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Jackie Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

WINDSOR PARKE PROPERTY OWNERS ASSOCIATION, INC.

#NA3000002092  
718451

D  
DONALD MICHELS  
5401 N GLENHURST DR  
JACKSONVILLE FL 32224

X ADDITION

D  
ROBERT BOSCHERT  
13722 ALSBURY DR  
JACKSONVILLE FL 32224

X ADDITION