

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90017 004 ****61.25

DOCUMENT # N93000002092

1. Entity Name
WINDSOR PARKE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**10036 SAWGRASS DR., STE. 1
PONTE VEDRA BCH., FL 32082 US**

Mailing Address
**10036 SAWGRASS DR., STE. 1
PONTE VEDRA BCH., FL 32082 US**

50007647



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2527889

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
PONTE VEDRA BCH., FL 32082**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHINE, SCOTT	
STREET ADDRESS	4390 RICHMOND PARK DR E	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAYLOR, RICHARD	
STREET ADDRESS	13782 HOLLAND PARK DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	S	<input type="checkbox"/> Delete
NAME	LYONNAIS, DENNIS	
STREET ADDRESS	13792 ALESBURY CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32234	
TITLE	T	<input type="checkbox"/> Delete
NAME	PUTZ, JOE	
STREET ADDRESS	4398 RICHMOND PARKE E	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUJOL, MONSERRAT	
STREET ADDRESS	13700 SUTTON PARK DR, APT 112	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'NEIL, KEVIN	
STREET ADDRESS	13857 WINTERPARK CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 8 06