

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2007 8:00 am**  
**Secretary of State**

06-27-2007 90001 036 \*\*\*\*61.25

<b>DOCUMENT # N93000002092</b>					
<b>1. Entity Name</b> WINDSOR PARKE PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 10036 SAWGRASS DR., STE. 1 PONTE VEDRA BCH., FL 32082    US			<b>Mailing Address</b> 10036 SAWGRASS DR., STE. 1 PONTE VEDRA BCH., FL 32082    US		
<b>2. Principal Place of Business - No P.O. Box #</b> 4003 Hartley Rd. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4003 Hartley Rd. Suite, Apt. #, etc.		06182007    Chg-NP    CR2E037 (12/06)	
<b>City &amp; State</b> Jacksonville, FL		<b>City &amp; State</b> Jacksonville, FL		<b>4. FEI Number</b> 59-2527889	
<b>Zip</b> 32257		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SIGNATURE REALTY & MANAGEMENT, INC. 4003 HARTLEY RD. JACKSONVILLE, FL 32257				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> SHINE, SCOTT <b>STREET ADDRESS</b> 4390 RICHMOND PARK DR E <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Robert Gold <b>STREET ADDRESS</b> 4026 Windsor Park DR E <b>CITY-ST-ZIP</b> Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> SAYLOR, RICHARD <b>STREET ADDRESS</b> 13782 HOLLAND PARK DR <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> Mike Burdaim <b>STREET ADDRESS</b> 4229 Alsbury Dr <b>CITY-ST-ZIP</b> Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> LYONNAIS, DENNIS <b>STREET ADDRESS</b> 13792 ALESBURY CT <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32234	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Karoline Hall <b>STREET ADDRESS</b> 13869 Windsor Park Dr N <b>CITY-ST-ZIP</b> Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> PUTZ, JOE <b>STREET ADDRESS</b> 4398 RICHMOND PARKE E <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> James Dineen <b>STREET ADDRESS</b> 4073 Glenhurst Dr N <b>CITY-ST-ZIP</b> Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> PUJOL, MONSERRAT <b>STREET ADDRESS</b> 13700 SUTTON PARK DR, APT 112 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Jane Swindlell <b>STREET ADDRESS</b> 4010 Windsor Park DR E <b>CITY-ST-ZIP</b> Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> O'NEIL, KEVIN <b>STREET ADDRESS</b> 13857 WINTERPARK CT <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Joe Putz <b>STREET ADDRESS</b> 4398 Richmond Park <b>CITY-ST-ZIP</b> Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <i>Asubelle</i> <b>6/19/2007</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					