

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90148 043 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**ARENAS, PAT
MAY MANAGEMENT
10036 SAWGRASS DR., STE. 1
PONTE VEDRA BCH. FL 32082**

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
NAME **GOLD, ROBERT** ☒ Delete
STREET ADDRESS **4026 WINDSOR PARK DRIVE EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D**
NAME **Stringer, Chris** ☐ Change ☒ Addition
STREET ADDRESS **13823 Sutton Park Dr. N**
CITY-ST-ZIP **Jacksonville, Fl. 32224**

TITLE **VP**
NAME **MEDINA, ERNIE** ☐ Delete
STREET ADDRESS **4039 GLENHURST DRIVE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S**
NAME **MCLEOD, LAURA** ☐ Delete
STREET ADDRESS **8850 FREEDOM CROSSING #103**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T**
NAME **PUTZ, JOE** ☐ Delete
STREET ADDRESS **4398 RICHMOND PARK DRIVE EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **P.D.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **MCCARTHY, DENNIS** ☒ Delete
STREET ADDRESS **4508 HANOVER PARK DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D.V.P.** ☐ Change ☒ Addition
NAME **Cook, Henry**
STREET ADDRESS **13819 Holland Park Dr**
CITY-ST-ZIP **Jacksonville, Fl. 32224**

TITLE **D**
NAME **SWINDELL, BRUCE** ☐ Delete
STREET ADDRESS **4010 WINDSOR PARK DRIVE EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **T.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

NOT REQUIRED

1-23-03

904-273-9832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)