

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003376

FILED
Apr 07, 2009
Secretary of State

Entity Name: WINDSOR PLACE AT BERKSHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3940 RADIO RD. #111
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

ANCHOR ASSOCIATES
3940 RADIO RD. #111
NAPLES, FL 34104

New Mailing Address:

3940 RADIO RD. #111
NAPLES, FL 34104

FEI Number: 65-0549819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANCHOR ASSOCIATES, INC
3940 RADIO RD. #111
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: DEFILLIPO, SHIRLEY
Address: 500 WINDSOR SQ #101
City-St-Zip: NAPLES, FL 34101

Title: PD () Delete
Name: SANFORD, WALTER
Address: 601 WINDSOR SQUARE #202
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: VANDER-BORGH, JANINE
Address: 636 WINDSOR SQUARE # 101
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: HALE, MARGERIE
Address: 555 WINDSOR SQUARE 202
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: KREUGER, CAROLY
Address: 554 WINDSOR SQ #202
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CUSICK, DEE
Address: 404 WINDSOR SQ # 101
City-St-Zip: NAPLES, FL 34104

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: TOM L. DODSON

AM

04/07/2009

Electronic Signature of Signing Officer or Director

Date