

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90007 032 \*\*\*\*61.25

<b>DOCUMENT # N95000000904</b> 1. Entity Name <b>LAKEWOOD AT WINDSOR PARKE ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O JAMES M. DINEEN 4073 GLENHURST DRIVE N JACKSONVILLE, FL 32224 US</b>			Mailing Address <b>C/O JAMES M. DINEEN 4073 GLENHURST DRIVE N JACKSONVILLE, FL 32224 US</b>		
2. Principal Place of Business - No P.O. Box # <b>C/O DAVID A BAUTAN</b> Suite, Apt. #, etc.		3. Mailing Address <b>4020 GLENHURST DR N</b> Suite, Apt. #, etc.			
City & State <b>JACKSONVILLE, FL</b> Zip <b>32224</b>		City & State <b>JACKSONVILLE, FL</b> Zip <b>32224</b>		4. FEI Number <b>59-3262617</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DINEEN, JAMES ST 4073 GLENHURST DRIVE N JACKSONVILLE, FL 32224</b>			7. Name and Address of New Registered Agent Name <b>DAVID A BAUTAN (T)</b> Street Address (P.O. Box Number is Not Acceptable) <b>4020 GLENHURST DR. N</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32224</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.					
SIGNATURE <b>DAVID A BAUTAN</b> <span style="float: right;"><b>2/25/08</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUTAN, DAVID 4020 GLENHURST DR. N. JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/S THISPEN, BRANDA 404 GLENHURST DR S JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WAESCHE, WILLIAM H 4021 GLENHURST DR. N. JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DINEEN, JAMES M 4073 GLENHURST ST DR. N. JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D DAVID A BAUTAN 4020 GLENHURST DR N JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>DAVID A BAUTAN</b> <span style="float: right;"><b>2/25/08</b> <b>904-374-1332</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					