2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
03-18-2005 90057 041 ****61.25

DOCUMENT # N95000005074

1. Entity Name
WINDSOR ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 410263 MELBORUNE, FL 32941 US	P.O. BOX 410263 MELBORUNE, FL 32941 US

01102005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
PO BOX 410263	PO BOX 410263
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, Fl	City & State: Melbourne, FL
Zip: 32941-0263 Country:	Zip: 32941-0263 Country:

4. FEI Number 59-3342180 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DILLON, THOMAS
985 PINE TREE DR.
INDIAN HARBOUR BEACH, FL 32937

7. Name and Address of New Registered Agent

Name: Thomas Dillon
Street Address (P.O. Box Number is Not Acceptable): 1331 Bedford DR. #103
City: Melbourne FL Zip Code: 32940

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 _____ 3/14/05
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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, WILLIAM B 5730 NEWBURY CR MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ALENCI, TONY 6126 ARLINGTON CR. MELBOURNE, FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jenne, Joseph 5645 Sheffield Place Melbourne, FL 32940 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, WILLIAM 5946 ARLINGTON CT. MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.V.P ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PORDER, PEG 5936 ARLINGTON CIR MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SUGARMAN, NEIL 5887 NEWBURY CIR. MELBOURNE, FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brass, Ronald 5867 Arlington CR. Melbourne, FL 32940 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DEMEO, JOE 5870 NEWBURY CR MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 3/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #