

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90007 048 ****61.25

DOCUMENT # N95000005074					
1. Entity Name WINDSOR ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 410263 MELBOURNE, FL 32941-0263 US			Mailing Address P.O. BOX 410263 MELBOURNE, FL 32941-0263 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 59-3342180	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DILLON, THOMAS 1331 BEDFORD DR #103 MELBOURNE, FL 32940			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HALL, WILLIAM B 5730 NEWBURY CR MELBOURNE, FL 32940				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JENNE, JOSEPH 5645 SHEFFIELD PLACE MELBOURNE, FL 32940				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OVP <input checked="" type="checkbox"/> Delete YOUNG, WILLIAM 5946 ARLINGTON CT. MELBOURNE, FL 32940				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete PORDER, PEG 5936 ARLINGTON CIR MELBOURNE, FL 32940				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GRASS, RONALD 5867 ARLINGTON DR MELBOURNE, FL 32940				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Delete DEMEO, JOE 5870 NEWBURY CR MELBOURNE, FL 32940				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME TD Lawhorn, Douglas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 5918 NEWBURY Circle CITY-ST-ZIP Melb., FL 32940					
TITLE NAME DIRECTOR Sharon Schaper <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 6137 ARLINGTON Circle CITY-ST-ZIP MELBOURNE, FL. 32940					
TITLE NAME Director Stacy Taylor <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 5755 NEWBURY Circle CITY-ST-ZIP Melbourne, FL. 32940					
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: <u>D.A. Lawhorn</u> D.A. LAWHORN <u>2/24/2006</u> <u>777-7575</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					