2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000005074



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WINDSO INC.	R ESTATES HOMEOWNE							
P.O. BOX 41	ce of Business 10263 E, FL 32941-0263 US	Mailing Address P.O. BOX 410263 MELBOURNE, FL 3294	11-0263 US	_	1 1040001 010 10010 1000 1000 1000	. 191 9. (1111)		(8)(8) 5) (89)
2. Principal F	Place of Business	3. Mailing Address	<u> </u>					
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02232006 Chg-NP	CR2E0	37 (11/05)	
City & Star		City & State			4. FEI Number 59-3342180	<u> </u>	<u> </u>	pplied For ot Applicable
Zip 	Country	Zip	Country		5. Certificate of Status Desired		\$8.75 Add	
	6. Name and Address of Curren	t Registered Agent	- None		7. Name and Address of New	v Registered	Agent	
DILLON, 1	THOMAS		Name	~	•			
1331 BED	FORD DR #103		Street	Address (P	O. Box Number is Not Accepta	ible)		
MELBOUR	RNE, FL 32940							
			City			FL	Zip Coo	le
8. The above the obligat	e named entity submits this statement fitions of registered agent.	for the purpose of changing its	registered office	or registere	d agent, or both, in the State of	Florida. I am	familiar with	and accept
SIGNATURE	Signature, typed or printers name of registered ager							<u>.</u>
	Signatura, typed or printed name of registered ager	nt and title it applicable. (NOTE	: Registered Agent sign	ature required w	hen reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	Trust Fund C	npaign Financing, contribution.	_ ,	55.00 May Be Added to Fees FI	Make chec lorida Depar		
10.	Due by May 1, 2006 OFFICERS AND D	Trust Fund C		At	Added to Fees FI	lorida Depai	tment of S	tate
TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND D HALL, WILLIAM B 5730 NEWBURY CR	Trust Fund C	11. IITLE NAME STREET ADDRESS	AI PRESI	Added to Fees FI	lorida Depai	tment of S	tate
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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: Dofferen		2/24/2016	777-75-75
SIGNATURE AND TYPED OR PRINTED NAME O	F SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
			