


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90161 027 ****61.25

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|--|--|---|---|---|--|
| DOCUMENT # N97000002246 1. Entity Name THE WINDSOR FOREST HOMEOWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 4108 INDIAN TR. DESTIN FL 32541 | | | Mailing Address 4108 INDIAN TR. DESTIN FL 32541 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent PLEAT, DAVID B 4477 LEGENDARY DR SUITE 202 DESTIN FL 32541 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | 4. FEI Number 59-3508320 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 1st MOORE CR2E037 (10/04) | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | | 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS MURRAY, PAT 4113 BURNING TREE DR. DESTIN FL 32541 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR - SECRETARY FISHER, MICHELLE 4064 BURNING TREE DESTIN, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BISHOP, J.C. 4084 BURNING TREE DR. DESTIN FL 32541 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR - VICE PRESIDENT DAVIS, BARBARA 321 STERLING CT DESTIN, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP KRENKEL, NANCY 319 DEERFIELD DR. DESTIN FL 32541 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR - PRESIDENT LACHAPPELLE, SALLY 4116 BURNING TREE DR. DESTIN, FL 32541 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT BODDIE, JAMES 4108 INDIAN TRAIL DESTIN FL 32541 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR - TREASURER STERLING, JANELLE 320 FOX DEN CT DESTIN, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR CORREIA, AGNES 4118 BURNING TREE DR. DESTIN, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 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 <i>Sally LaChapelle</i> - SALLY LACHAPPELLE | | | Date 4/26/05 | | Daytime Phone # 850-837-6658 |