2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004273

FILED Mar 24, 2006 Secretary of State

Entity Name: WINDSOR POINTE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8009 S. ORANGE AVE ORLANDO, FL 328096711

Current Mailing Address: New Mailing Address:

8009 S. ORANGE AVE #101 ORLANDO, FL 328096711 ORLANDO, FL 328096711

FEI Number: 75-3083486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FURLOW, REBECCA L
% LELAND MANAGEMENT 8
8009 S. ORANGE AVE C
ORLANDO, FL 328096711 US

LELAND MANAGEMENT 8009 SOUTH ORANGE AVENUE ORLANDO, FL 328096711 US

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.

SIGNATURE: REBECCA FURLOW 03/24/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: WORKMAN, DAN Name: BOLLINGER, POLLY

 Address:
 13715 RICHMOND PK DR N #104
 Address:
 13715 RICHMOND PK DR N #102

 City-St-Zip:
 JACKSONVILLE, FL 32224
 City-St-Zip:
 JACKSONVILLE, FL 32224

Title: VPD () Delete Title: VPD (X) Change () Addition Name: DELANEY, BILL Name: WORKMAN, DAN

Name: DELANEY, BILL Name: WORKMAN, DAN
Address: 13715 RICHMOND PARK DR. N #103 Address: 13715 RICHMOND PARK DR. N #104

City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224

Title: SD () Delete Title: SD (X) Change () Addition

Name: LINDSAY, DIANA Name: WORKMAN, BROOKE

 Address:
 13715 RICHMOND PARK DR. N #108
 Address:
 13715 RICHMOND PARK DR. N #104

 City-St-Zip:
 JACKSONVILLE, FL 32224
 City-St-Zip:
 JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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

SIGNATURE: POLLY BOLLINGER PD 03/24/2006

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

Date