2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004273

Apr 05, 2007 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 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:

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BOLLINGER, POLLY DULANEY, BILL Name: Name:

13715 RICHMOND PK DR N #102 Address: 13715 RICHMOND PK DR N #103 Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224

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

Name: WORKMAN, DAN Name: LINDSAY, DIANA

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

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

Title: () Delete Title: STD (X) Change () Addition WORKMAN, BROOKE PALMROSE, JUDITH'S Name: Name:

13715 RICHMOND PARK DR. N #104 13715 RICHMOND PARK DR. N #102 Address: Address:

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

SIGNATURE: BILL DULANEY PD 04/05/2007