

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90081 012 ****61.25

DOCUMENT # N99000006023

1. Entity Name
WINDSOR POINTE IV, CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**13715 RICHMOND PK DR
403
JACKSONVILLE, FL 32224**

Mailing Address
**13915 RICHMOND PK DR N
SUITE 150
JACKSONVILLE, FL 32224**

34000000



2. Principal Place of Business

1633 E Vine St.

Suite, Apt. #, etc.

Suite 110

City & State

Kissimmee FL

3. Mailing Address

1633 E. Vine St.

Suite, Apt. #, etc.

Suite 110

City & State

Kissimmee FL

02172004

Chg-NP

CR2E037 (10/03)

4. FEI Number
33-1024981

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
34744

Country
USA

Zip
34744

Country
USA

6. Name and Address of Current Registered Agent

**LELAND MANAGEMENT INC.
1633 E. VINE ST. #110
KISSIMMEE, FL 34744**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHAFFER, RAYMOND ☒ Delete
STREET ADDRESS 13715 RICHMOND PK DR N. 406
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VD
NAME HARVEY, DEBRA ☐ Delete
STREET ADDRESS 13915 RICHMOND PK DR N. 407
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE STD
NAME .MONT.S.,BELINDA C ☒ Delete
STREET ADDRESS 13715 RICHMOND PK DR N 403
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Diana REISS
STREET ADDRESS 13715 Richmond Park Dr. N. #408
CITY-ST-ZIP Jacksonville FL 32224

TITLE SIT ID ☒ Change ☐ Addition
NAME Debra Harvey
STREET ADDRESS 13715 Richmond Park Dr. N. #404
CITY-ST-ZIP Jacksonville FL 32224

TITLE VD ☐ Change ☒ Addition
NAME Lois Lambert
STREET ADDRESS 13715 Richmond Park Dr. N. #407
CITY-ST-ZIP Jacksonville FL 32224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Diana H. Reiss (DIANA H. REISS) 3/24/04 904821-4791