


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90111 007 ****61.25

DOCUMENT # N99000006046	
1. Entity Name WINDSOR POINTE VI CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 10161 CENTURION PARKWAY NORTH SUITE 150 JACKSONVILLE, FL 32256	Mailing Address 10036 SAWGRASS DR W., STE 1 JACKSONVILLE, FL 32256
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24044744

2. Principal Place of Business 1633 E Vine St	3. Mailing Address 1633 E Vine St
Suite, Apt. #, etc. Suite 110	Suite, Apt. #, etc. Suite 110
City & State Kissimmee FL	City & State Kissimmee FL
Zip 34744	Zip 34744
Country USA	Country USA



02172004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent FURLOW, REBECCA % LELAND MANAGEMENT 1633 EAST VINE STREET, SUITE 110 KISSIMMEE, FL 34744	
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4. FEI Number 33-1024983	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 <i>Rebecca Furlow</i>	DATE 4/8/04
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Filing Fee is \$61.25 Due by May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLISON, LAURA 13715 RICHMOND PARK DR N., #608 JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hyderick Batoon 13715 Richmond Park Dr. N. #604 Jacksonville FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLLAND, RUSSELL 13715 RICHMOND PARK DR N., #606 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLON, ELIZABETH 13715 RICHMOND PARK DR N., #603 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Elizabeth Colon 13715 Richmond Park Dr. N. #603 Jacksonville FL 32224 <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
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
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 line empowered.	
SIGNATURE: <i>Hyderick Batoon</i>	HYDERICK BATOON 03-23-04 904-535-5866