## · 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 28, 2005 8:00 am Secretary of State

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DOCUMENT # N9900006046  1. Entity Name WINDSOR POINTE VI CONDOMINIUM ASSOCIATION, INC.						04-28-200		)41 **** <i>6</i>	51.25	
Principal Place of Business 1633 S VINE 81. STE 110 KISSIMMER, FL 34744  Mailing Address 1633 B VINE ST. STE 110 KISSIMMER, FL 34744					Tannaaan					
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2. Principal P	Place of Business	3. Mailing Address 8009 S. (	James F	ve				<u> </u>		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	, ,,		04142005 C	hg-NP	CR2E0	37 (10/03)		
City & Stat	SAO FI	City & State	Flas		4. FEI Number 33-102498	33			pplied For	
Zip	Country	Zip	Country		5. Certificate of S			\$8.75 Add		
3780	6. Name and Address of Current Reg	sistered Agent	<u>USA</u>	<u> </u>	7. Name and Add			Fee Require		
FURLOW,	REBECCA		Name				-			
% LELAND MANAGEMENT 4633 EAST VINE STREET, SUITE 110			Street A	Street Address (P.O. Box Number is Not Acceptable)						
KISSIMMEE, FL 34744			800	8009 S. Oronge Avenue.						
			City	rk	ob		FL		<u> </u>	
	named entity submits this statement for the ions of registered agent.	e purpose of changing its re	egistered office o	r registere	ed agent, or both, in	the State of I	Torida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and to	itle if applicable. (NOTE: I	Registered Agent signat	ne ledmeq	when reinstating)		DATE			
SIGNATURE .	Signature, typed or printed name of registered agent and to Filling Fee is \$61.25  Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		Make chec	k payable t		
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIREC	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be	Flo	Make chec orida Depar	RECTORS IN	tate	
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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 employeed 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 that the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employees 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 that the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employees to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the corporation or the receiver or trustee employees to execute this report as required by Chapter 617. Florida Statutes.