

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90118 040 ****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

10161 CENTURION PARKWAY NORTH SUITE 150
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

10036 Sawgrass Dr. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State

City & State

Ponte Vedra Beach

Zip

Country

Zip

Country

FL

USA

4. FEI Number **APPLIED FOR**
33-1024983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUSS, JOHN S IV
10110 SAN JOSE BLVD
JACKSONVILLE FL 32257

Name: **Anna Marks**

Street Address (P.O. Box Number is Not Acceptable)

410 May Management Services Inc

10036 Sawgrass Dr. W., Suite 1

City

Ponte Vedra Beach

FL

Zip Code

32082

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 register, agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable: *Anna Marks*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** ☒ Delete
NAME **SISK, JOHN**
STREET ADDRESS **10161 CENTURION PARKWAY NORTH SUITE 150**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **P.D.** ☐ Change ☒ Addition
NAME **Laura Callison**
STREET ADDRESS **13715 Richmond Park Dr. n. #608**
CITY-ST-ZIP **Jacksonville FL 32224**

TITLE **VSD** ☒ Delete
NAME **NESSMITH, ERNESTINE**
STREET ADDRESS **10161 CENTURION PARKWAY NORTH SUITE 150**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VP, D.** ☐ Change ☒ Addition
NAME **Russell Holland**
STREET ADDRESS **13715 Richmond Park Dr. n. #606**
CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **D** ☒ Delete
NAME **DUSS, JOHN S IV**
STREET ADDRESS **10110 SAN JOSE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D.** ☐ Change ☒ Addition
NAME **Elizabeth Colon**
STREET ADDRESS **13715 Richmond Park Dr. n. #603**
CITY-ST-ZIP **Jacksonville FL 32224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

CR2E037 (10/02)