

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006311

FILED
Feb 23, 2009
Secretary of State

Entity Name: WINDSOR POINTE MULTI-CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5955 TG LEE BLVD. SUITE 300
ORLANDO, FL 328224457

New Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 US

Current Mailing Address:

5955 TG LEE BLVD. SUITE 300
ORLANDO, FL 328224457

New Mailing Address:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 US

FEI Number: 06-1690878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
5955 TG LEE BLVD. SUITE 300
ORLANDO, FL 32824457 US

Name and Address of New Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT
11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 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: FIRST COAST ASSOCIATION MANAGEMENT

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOYLAN, GALE D
Address: 13715 RICHMOND PARK DR N #1004
City-St-Zip: JACKSONVILLE, FL 32224

Title: STD () Delete
Name: LINDSAY, DIANA
Address: 13715 RICHMOND PARK DR N #1008
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPD () Delete
Name: WALKER, BENJAMIN P IV
Address: 13715 RICHMOND PARK DR N #203
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: KATZ, LIBBY
Address: 13715 RICHMOND PARK DR., N. #203
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: LINDSAY, DIANA
Address: 13715 RICHMOND PARK DR N #108
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPD (X) Change () Addition
Name: WALKER, BENJAMIN P IV
Address: 13715 RICHMOND PARK DR N #1107
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: FIRST COAST ASSOCIATION MANAGEMENT

RA

02/23/2009

Electronic Signature of Signing Officer or Director

Date