

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006311

FILED  
Feb 16, 2012  
Secretary of State

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

**Current Principal Place of Business:**

11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

**Current Mailing Address:**

11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

**FEI Number:** 06-1690878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BOYLAN, GALE D  
Address: 11555 CENTRAL PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32224

Title: S/T  
Name: HOLZE, KLAUS  
Address: 11555 CENTRAL PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP  
Name: WALKER, BENJAMIN P IV  
Address: 11555 CENTRAL PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

SIGNATURE: GALE BOYLAN

PRES

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date