## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000026513

Name:

Address:

City-St-Zip:

HOWARD, JOHN

11265 ALUMNI WAY

JACKSONVILLE, FL 32246

Entity Name: WINDSOR REAL ESTATE MANAGEMENT, INC.

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
11265 ALUMNI WAY JACKSONVILLE, FL 32246			11265 ALUMNI WAY FIRST FLOOR JACKSONVILLE, FL		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
11265 ALU JACKSON	JMNI WAY VILLE, FL 32	2246	11265 ALUMNI WAY FIRST FLOOR JACKSONVILLE, FL	32246	
FEI Number	: 59-3523421	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
HOWARD 11265 ALU JACKSON		246 US	HOWARD, JOHN 11265 ALUMNI WAY FIRST FLOOR JACKSONVILLE, FL	11265 ALÚMNI WAY	
	named entity e of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				04/09/2009	
Election Car		nic Signature of Registered Age ng Trust Fund Contribution ( ).	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( SMITH, GERA 11265 ALUMN JACKSONVILI	II WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( SMITH, CYNT 11265 ALUMN JACKSONVILI	II WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	CFO (	) Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN HOWARD CFO 04/09/2009