


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000001371 1. Entity Name WINDERMERE PROPERTY DEVELOPMENT, INC.	
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Principal Place of Business 9801 LAKE NONA RD. ORLANDO, FL 34786	Mailing Address 200 S. ORANGE AVE., STE 2300 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent A.G.C. CO. 200 S. ORANGE AVE., STE. 2300 ORLANDO, FL 32801-3432	DO NOT WRITE IN THIS SPACE
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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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1111111122345 04/21/04-80026-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS VOSS, JEFFERSON R 9801 LAKE NONA RD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT SILVERTON, VIVIENNE 9801 LAKE NONA RD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:  **4/13/04** **407-876-8800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #