
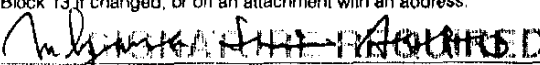


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 711909 (2) 1. Corporation Name WINDSOR ARMS CONDOMINIUM INC.)					
Principal Place of Business 1915 RODMAN STREET HOLLYWOOD FL 33020			Mailing Address 1915 RODMAN STREET HOLLYWOOD FL 33020-6010		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/06/1966 3a. Date of Last Report 06/19/1996 4. FEI Number 59-2061192 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ANDRE, DAVID 1915 RODMAN ST. #7 HOLLYWOOD FL 33020				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	NAME	SHARIFF, GANNIME	1.1 TITLE	ROBERTO CABALLO
STREET ADDRESS	1915 RODMAN ST. #15	STREET ADDRESS	1915 RODMAN ST. #15	1.2 NAME	1915 RODMAN ST APT 14
CITY - ST - ZIP	HOLLYWOOD FL	CITY - ST - ZIP	HOLLYWOOD FL	1.3 STREET ADDRESS	HOLLYWOOD, FL 33020
TITLE	ST	NAME	ANDRE, DAVID	1.4 CITY - ST - ZIP	HOLLYWOOD, FL 33020
STREET ADDRESS	1915 RODMAN ST. #7	STREET ADDRESS	1915 RODMAN ST. #7	2.1 TITLE	ST
CITY - ST - ZIP	HOLLYWOOD FL	STREET ADDRESS	1915 RODMAN ST. #7	2.2 NAME	INLYANA SUMITARO
TITLE	D	NAME	ARBOUR, ARTHUR	2.3 STREET ADDRESS	1915 RODMAN ST APT 10
STREET ADDRESS	1915 RODMAN ST. #4	STREET ADDRESS	1915 RODMAN ST. #4	2.4 CITY - ST - ZIP	HOLLYWOOD, FL 33020
CITY - ST - ZIP	HOLLYWOOD FL	STREET ADDRESS	1915 RODMAN ST. #4	3.1 TITLE	D
TITLE	D	NAME	CHEVALIER, DENIS	3.2 NAME	ARBOUR, ARTHUR
STREET ADDRESS	1915 RODMAN STREET	STREET ADDRESS	1915 RODMAN STREET	3.3 STREET ADDRESS	1915 RODMAN ST #4
CITY - ST - ZIP	HOLLYWOOD, FL 00000	STREET ADDRESS	1915 RODMAN STREET	3.4 CITY - ST - ZIP	HOLLYWOOD, FL 33020
TITLE	D	NAME	FOURNIER, JEAN-GUY	4.1 TITLE	D
STREET ADDRESS	1915 RODMAN ST., APT. 1	NAME	FOURNIER, JEAN-GUY	4.2 NAME	BERTRUDE DUNLOP
CITY - ST - ZIP	HOLLYWOOD, FL 00000	STREET ADDRESS	1915 RODMAN ST., APT 1	4.3 STREET ADDRESS	1915 RODMAN ST # 8
TITLE	VP	NAME	SUMITARO, INLYANA	4.4 CITY - ST - ZIP	HOLLYWOOD, FL 33020
STREET ADDRESS	1915 RODMAN ST. #10	NAME	SUMITARO, INLYANA	5.1 TITLE	D
CITY - ST - ZIP	HOLLYWOOD FL	STREET ADDRESS	1915 RODMAN ST. #10	5.2 NAME	FOURNIER, JEAN-GUY
TITLE	VP	NAME	ALICE DEBRITO	5.3 STREET ADDRESS	1915 RODMAN ST, APT 1
STREET ADDRESS	1915 RODMAN ST. #10	NAME	ALICE DEBRITO	5.4 CITY - ST - ZIP	HOLLYWOOD, FL 33020
CITY - ST - ZIP	HOLLYWOOD FL	NAME	ALICE DEBRITO	6.1 TITLE	VP
TITLE	VP	NAME	ALICE DEBRITO	6.2 NAME	ALICE DEBRITO
STREET ADDRESS	1915 RODMAN ST. #10	NAME	ALICE DEBRITO	6.3 STREET ADDRESS	1915 Rodman St apt 3
CITY - ST - ZIP	HOLLYWOOD FL	NAME	ALICE DEBRITO	6.4 CITY - ST - ZIP	HOLLYWOOD, FL 33020
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E037 (9/96)