

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 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 # **720151** (0)

1. Corporation Name

WINDERMERE CONDOMINIUM, INC.



Principal Place of Business	Mailing Address
1818 NW 54TH TERR LAUDERHILL FL 33313	P.O. BOX 24756 FT. LAUDERDALE FL 33307-4756 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/29/1971	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1361390	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLAIR R. BECKER
2175 N.E. 56TH STREET #114
FT. LAUDERDALE FL 33308**

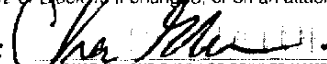
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, KELLY	1.2 NAME	JACK GERZINA
STREET ADDRESS	2001 NW 84 TERRACE	1.3 STREET ADDRESS	263 GOOLSBY BLVD
CITY-ST-ZIP	HOLLYWOOD, FL 33024	1.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	DVPT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNIE, JANET	2.2 NAME	ELAINE HILL
STREET ADDRESS	601 N. UNIVERSITY DR.	2.3 STREET ADDRESS	5316 N.W. 18 ST. #3
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMOND, P.R.	3.2 NAME	RODOLFO BECKLES
STREET ADDRESS	2001 N.W. 84TH TERRACE	3.3 STREET ADDRESS	2403 NW 118 TERR.
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRAW, J.L.	4.2 NAME	HILDELISA RUDEGAIR
STREET ADDRESS	207 MCNEIL STREET	4.3 STREET ADDRESS	3655 S.W. 12 PLACE
CITY-ST-ZIP	CARTHAGE NC	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIS, P.B.	5.2 NAME	CHARLES GLOVER
STREET ADDRESS	927 MCFARLAND ROAD	5.3 STREET ADDRESS	263 GOOLSBY BLVD.
CITY-ST-ZIP	PINEHURST NC	5.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	DP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERZINA, JACK	6.2 NAME	JANET DOWNIE
STREET ADDRESS	263 GOOLSBY BLVD.	6.3 STREET ADDRESS	601 N. UNIVERSITY DR.
CITY-ST-ZIP	DEERFIELD BEACH FL	6.4 CITY-ST-ZIP	PEMBROKE PINES, FL (SEE ATTACHMENT)

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:  **CHARLES GLOVER**

Date _____ Daytime Phone # **954-428-1945** 0035792

CR2E037 (9/96)