## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0) WINDERMERE CONDOMINIUM, INC. Principal Place of Business Mailing Address 1818 NW 54TH TERR P.O. BOX 290322 3. Date Incorporated or Qualified LAUDERHILL FL 33313 FT. LAUDERDALE FL 33329 <u>01/29/1971</u> 4. FEI Number Applied For 59-1361390 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional П 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 POLIAKOFF, GARY A 62 Street Address (P.O. Box Number is Not Acceptable) C/O BECKER & POLIAKOFF, P.A. R 3111 STIRLING ROAD FT. LAUDERDALE FL 33312 84 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) (1097 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ■ Addition TITLE OTA 1.1 TITLE huse MCLEAN. NAME MICLEAN, KELLY B 1.2 NAME Hollywood 2001 N.W. 84TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS **HOLLYWOOD FL 33024** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GIBBS, GEORGE NAME MCGRAW, J. LLOYD 2.2 NAME 58th AVE #1 207 MCNIEL ST. BOX #699 STREET ADDRESS 2.3 STREET ADDRESS CARTHAGE NC 28327 2. 4 CHTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME EDMOND, P.R. 3.2 NAME STREET ADDRESS BRADLEY RD., BOX #23 3.3 STREET ADDRESS VALLEY BEND WV 26293 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE FERRIS, P.B. 4 2 NAME NAME 206 MCFARLAND ST., BOX #927 4.3 STREET ADDRESS STREET ADDRESS 9403 NW **33**665 PINEHURST NC 28374 CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE ME GRAW ) ) DOWNIE. JANET NAME 5.2 NAME 661 N. UNIVERSITY DRIVE 5.3 STREET ADDRESS 2001 NV 8476RA STREET ADDRESS ?(Nes F/. 33024 PEMBROKE PINES FL 33024 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 reports 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 chapter, or on an attachment with an address. May 97 1998 954714783 A