FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR 10 PM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741202 (6)

1. Corporation Name

PALM BEACH WINDEMERE, INC., A CONDOMINIUM

Principal Place of Business	Mailing Address
~~% ASSOCIATED PROPERTY MANAGEMENT~~ ~~400 S DIXIE HWY STE 10~~ ~~LAKE WORTH FL 33460~~	~~% ASSOCIATED PROPERTY MANAGEMENT~~ ~~400 S DIXIE HWY STE 10~~ ~~LAKE WORTH FL 33460~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1977
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1910599 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 958 S. DIXIE HWY.	26 958 S. DIXIE HWY.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: LANTANA, FL	28 City & State: LANTANA, FL
24 Zip: 33462 25 Country: USA	29 Zip: 33462 30 Country: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~ASSOCIATED PROPERTY MANAGEMENT~~ ~~400 S DIXIE HWY STE 10~~ ~~P.O. BOX 831~~ ~~LAKE WORTH FL 33460~~	81 Name: ANNE JAAKKOLA 82 Street Address (P.O. Box Number is Not Acceptable): 958 S. DIXIE HWY. 83 84 City: LANTANA FL 85 Zip Code: 33462

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 3-1-95

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HABBEL, WOLFGANG, DR	1.2 NAME	
STREET ADDRESS	4200 S OCEAN BLVD #203	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	MIKKOLA, HANNU	2.2 NAME	
STREET ADDRESS	4200 S OCEAN BLVD #601	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BARRON, GEORGE	3.2 NAME	
STREET ADDRESS	4200 S OCEAN BLVD. #101	3.3 STREET ADDRESS	
CITY-ST-ZIP	S. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 3-6-95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

001947