

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 770737
1. Corporation Name

LAKE WINDWOOD CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business: **2650 Greenwood Terr. Boca Raton, FL 33431**
Mailing Address: **2650 Greenwood Terr. Boca Raton, FL 33431**

3. Date Incorporated or Qualified: **10/13/1983**
3a. Date of Last Report: **02/ /1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			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	29	Country	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
SINGKORNRAT, CLAUDIA
2650 Greenwood Terr. #G-222
Boca Raton, FL 33431

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/D	<input type="checkbox"/> DELETE
NAME	SIGNKORNRAT, CLAUDIA	
STREET ADDRESS	2650 Greenwood Terr. #G-222	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	Smith, Jasper	
STREET ADDRESS	2650 Greenwood Terr. #G-124	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	Pellegrini, Maria	
STREET ADDRESS	2650 Greenwood Terr. #G-123	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Kacar, Nada	
STREET ADDRESS	2650 Greenwood Terr. #G-224	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Messina, Louis G.	
STREET ADDRESS	2650 Greenwood Terr. #G-115	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	800001736959
44 CITY-ST-ZIP	-03/08/96--01032--024
51 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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]* **2/28/96 (407)362-9167**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

[Handwritten initials]
37-94