FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

	1996	DIVISION OF	CORPORATIONS			
DOCU 1. Corporatio	MENT # N0317	5 (9)				
WINDWOOD ISLES CONDOMINIUM ASSOCIATION, INC.						
				I I BOOKEAN OOK DOKOO AKKO I II OOK IDOOK I	INIO BIBKA BIBKI BABKI BIBKI BIBKI IBBK	
Principal Place	e of Business	Mailing Address				
P.O. 80X 452 P.O. 80X 452						
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33			33441			
				3. Date incorporated or Qualified	3a. Date of Last Report	
				 Date Incorporated or Qualified 05/18/1984 	05/01/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2615187	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & Stat	e	City & State		C. Electric Consider Financia	Fee Required	
23	-	28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in		
24	25	29	30	Florida Statutes	Yes □ No	
	9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
MELICO	A EÒY RADDY		81 Name			
MELISSA FÖX BARRY 100 SE 7TH STREET #8			82 Street	et Address (P.O. Box Number is Not Acceptable)		
DEERFIELD BEACH FL 33441			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 w	ith, and accept the obligations of, Sect	ion 617.0503, Florida Statutes.	ed by the corporation's	board or directors. I hereby accept the appoi	ntment as registered agent. I am	
SIGNATURE						
12.	Signature, typed or printed name of registered agent OFFICERS ANI		TE. Flegistered Agent's gnature re 13.	aguired when reinstaling) ADDITIONS/CHANGES TO OFFICE	FRS AND DIRECTORS IN 12	
TITLE	P	DELETE	11 TITLE	<u> </u>	[7] Sansa [7] Malaina [8]	
NAME	MELISSA FOX BARRY		12 NAME	DONOVAN, WILLIAM	7	
STREET ADDRESS	100 SE 7TH STREET #8		13 STREET ADDRESS	DEERFIELD BEACH, 1		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		14 CITY - ST - ZIP		-14 33441 R	
TITLE	I I	DELETE	2 1 THTLE	180 SE.70 SYRO	Ty Change Addition O	
NAME	LEHN, LINDA 110 SE 7TH ST #3		2 2 NAME	180 SE.70 ST.	D 2	
STREET ADDRESS CITY-ST-ZIP	DEERFIELD BEACH FL 33441		2 3 STREET ADDRESS	DEERFILLD BEAL,	CLA. 33441	
TITLE	V	□ DELETE	2 4 CITY-ST-ZIP 3.1 YITLE	SIT CERROL VASTE		
NAME	HUBERT, NUCCI	- and an analysis	3.2 NAME	5/T GEORGE KATTA 140 SE.7th ST. DEENFIELD BEACH	#1	
STREET ADDRESS	1980 S.E. 7TH ST #6		3 3 STREET ADDRESS	DEERTHERD BEACH	FLA	
CITY - ST - ZIP	DEERFIELD BEACH FL 33441		3 4. CITY - ST - ZIP			
TITLE	D	DELETE	4.1 TITLE	D JOHN RISTEM	☐ Change ☐ Addition	
NAME	CHBEIR, JOSEPH		4. 2 NAME	120 SE. 74 51.#	8	
STREET ADDRESS	120 SE 7TH ST #5		4.3 STREET ADDRESS	DEENFIELD BEACH,	An	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		4.4 CITY - ST - ZIP		33441	
TITLE	S Andrea Swenson	DELETE	5 1 TITLE	D JOHN RISTEM 140 SE. 74 ST.# DEENFIELD BENCH, D LOWIS AGAMIE 130 SE. 7 d ST. # DEENFIELD BEACH,	☐ Priange ☐ Addition	
NAME STREET ADDRESS	100 SE 7TH ST. #2		52 NAME	130 > 8.700	Cla	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		5.3 STREET ADDRESS	DEERFIELD WEAR	74A 33441	
TITLE		DELETE	54 CITY-ST-ZIP 61 TITLE		32141	
NAME		_	62 NAME	90000185 -06/04/960116		
STREET ADDRESS			6.3 STREET ADDRESS	-95/04/959115	02048 /h	
CITY-ST-ZIP			6.4 CHTY-ST-ZIP	***81.25	11 52	
14. I do hereb	by certify that the information supplied v	with this filing is voluntarily furni	shed and does not qua-	ify for the exemption stated in Section 119.0	7(3)(k). Florida Statutes, I further	

certify that the information indicated on this annual report or supplemental and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the peceiver 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 granged or on an attactyment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR