


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam,</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03175** (9)  
1. Corporation Name  
**WINDWOOD ISLES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**P.O. BOX 452** **P.O. BOX 452**  
**DEERFIELD BEACH FL 33441** **DEERFIELD BEACH FL 33441**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	
<b>05/18/1984</b>	
4. FEI Number	Applied For
<b>59-2615187</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**DONOVAN, WILLIAM**  
**130 SE 7TH ST #7**  
**DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent  
81 Name **MELISSA F. BARRY**  
82 Street Address (P.O. Box Number is Not Acceptable) **100 S.E. 7TH STREET #8**  
83 **DEERFIELD BEACH, FL**  
84 City **FL** 85 Zip Code **33441**

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 *Melissa Fox Barry* (NOTE: Registered Agent signature required when reinstating) DATE **March 13 1998**

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>P DONOVAN, WILLIAM</b>
STREET ADDRESS	<b>130 SE 7TH ST #7</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VP BYROUTY, EDWANY</b>
STREET ADDRESS	<b>180 SE 7TH ST #2</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>TS KATTAK, GEORGE</b>
STREET ADDRESS	<b>140 SE 7TH ST #1</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D AGAMIE, LOUIS</b>
STREET ADDRESS	<b>130 SE 7TH ST #6</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D RISTEM, JOHN</b>
STREET ADDRESS	<b>120 SE 7TH ST #8</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PRESIDENT MELISSA F. BARRY</b>
1.3 STREET ADDRESS	<b>100 SE 7TH ST #8</b>
1.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441-5355</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V.P. JAMES MC HALE</b>
2.3 STREET ADDRESS	<b>180 S.E. 7TH ST. #4</b>
2.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441-5355</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SECRETARY GEORGE KATTAK</b>
3.3 STREET ADDRESS	<b>140 S.E. 7TH ST. #1</b>
3.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441-5355</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DIRECTOR EDWARD BYROUTY</b>
4.3 STREET ADDRESS	<b>180 S.E. 7TH ST. #2</b>
4.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441-5355</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DIRECTOR MARTIN COSTELLO</b>
5.3 STREET ADDRESS	<b>100 S.E. 7TH ST. #3</b>
5.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441-5355</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *Melissa Fox Barry* **MELISSA FOX BARRY** **PRES.** **February 11, 1998**

CR2E037 (10/97)