

**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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # N04505 (6)**  
1. Corporation Name  
**WINDERMERE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**700 WINDERMERE WAY  
PALM BEACH GARDENS FL 33418**      **700 WINDERMERE WAY  
PALM BEACH GARDENS FL 33418**

3. Date Incorporated or Qualified: **08/02/1984**      3a. Date of Last Report: **04/12/1995**  
4. FEI Number: **59-2506456**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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      29. Country      30. Country

9. Name and Address of Current Registered Agent  
**DMI COMMUNITY MANAGEMENT INC  
400 TONEY PENNA DRIVE  
SHERIDAN M. SPRINGER  
JUPITER FL 33458**

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	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>NICKERSON, NORMAN</b>
STREET ADDRESS	<b>400 TONEY PENNA DRIVE</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CUILLA, VINCENT J</b>
STREET ADDRESS	<b>400 TONEY PENNA DR.</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PALAZZOLO, VINCENT J.</b>
STREET ADDRESS	<b>400 TONEY PENNA DRIVE</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>KUNKLE, CRAIG B SR.</b>
STREET ADDRESS	<b>400 TONEY PENNA DRIVE</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LUCCI, VICTOR</b>
STREET ADDRESS	<b>400 TONEY PENNA DRIVE</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>VISCONTI, RALPH</b>
STREET ADDRESS	<b>400 TONEY PENNA DRIVE</b>
CITY-ST-ZIP	<b>JUPITER FL</b>

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>Alphonso DePippo</b>
1.3 STREET ADDRESS	<b>400 Toney Penna Dr.</b>
1.4 CITY-ST-ZIP	<b>Jupiter, FL 33458</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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: *Ralph Visconti*      Date: **4-15-96**      Daytime Phone #: **407-777-5505**

CR2E037 (12/95)