

FILE NOW: FILING FEE IS \$61.25

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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N04505

1. Corporation Name
WINDERMERE HOMEOWNERS ASSOCIATION, INC.

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

Mailing Address
**700 WINDERMERE WAY
 PALM BEACH GARDENS FL 33418**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	DICKINSON MANAGEMENT, INC	08/02/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	400 TONEY PENNA DR.	59-2506456	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28	JUPITER, FL	\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29	33458	Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DICKINSON MANAGEMENT, INC. 400 TONEY PENNA DRIVE JUPITER FL 33458				81	Name DICKINSON MANAGEMENT, INC.		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *[Signature]* (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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVI, NATALE	1.2 NAME	S/D ROBINSON, KAREN
STREET ADDRESS	400 TONEY PENNA DR.	1.3 STREET ADDRESS	400 TONEY PENNA DRIVE
CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALAZZOLO, VINCENT J.	2.2 NAME	T/D PALAZZOLO, VINCENT J.
STREET ADDRESS	400 TONEY PENNA DRIVE	2.3 STREET ADDRESS	400 TONEY PENNA DRIVE
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, PHILIP	3.2 NAME	
STREET ADDRESS	400 TONEY PENNA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCCI, VICTOR	4.2 NAME	
STREET ADDRESS	400 TONEY PENNA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VISCONTI, RALPH	5.2 NAME	
STREET ADDRESS	400 TONEY PENNA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	
TITLE	STD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, WARREN	6.2 NAME	
STREET ADDRESS	400 TONEY PENNA RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** Date: **4/27/99** Daytime Phone #: **561-747-5505**

CR2E037 (11/98)