

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 # N13167 (4)
1. Corporation Name

WINDSOR WAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

DISTINCTIVE HOMES OF THE PALM BEACHES, INC.

12765 W. FOREST HILL BLVD. STE 1302 WELLINGTON, FL 33414

3. Date Incorporated or Qualified **1/23/86** 3a. Date of Last Report **3/29/95**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2639592		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

**Cheryl Hoste
c/o DISTINCTIVE HOMES OF THE PALM BEACHES, INC.
12765 W. FOREST HILL BLVD. STE 1302
WELLINGTON, FL 33414**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levin, Morton	1.2 NAME	
STREET ADDRESS	2555 Windsor Way Court	1.3 STREET ADDRESS	
CITY-ST-ZIP	Wellington FL 33414	1.4 CITY-ST-ZIP	
TITLE	V-D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hardigan, James	2.2 NAME	
STREET ADDRESS	2577 Sheltingham	2.3 STREET ADDRESS	
CITY-ST-ZIP	Wellington FL 33414	2.4 CITY-ST-ZIP	
TITLE	S-D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander, Douglas	3.2 NAME	
STREET ADDRESS	2499 Windsor Way Court	3.3 STREET ADDRESS	
CITY-ST-ZIP	Wellington FL 33414	3.4 CITY-ST-ZIP	
TITLE	T-D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGovern, William	4.2 NAME	
STREET ADDRESS	2539 Windsor Way Court	4.3 STREET ADDRESS	100001739391
CITY-ST-ZIP	Wellington FL 33414	4.4 CITY-ST-ZIP	-03/12/96--01020--033 ***61.25
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosner, Leonard	5.2 NAME	
STREET ADDRESS	2530 Windsor Way Court	5.3 STREET ADDRESS	
CITY-ST-ZIP	Wellington FL 33414	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 thereof as 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 this filing.

SIGNATURE: **Morton Levin, P.** *Morton Levin* **407-793-2924**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)