


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13167 (4)**  
1. Corporation Name  
**WINDSOR WAY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>DISTINCTIVE HOMES OF THE PALM BEACHES, INC 12765 W. FOREST HILL BLVD., STE 1302 WELLINGTON FL 33414</b>	Mailing Address <b>DISTINCTIVE HOMES OF THE PALM BEACHES, INC 12765 W. FOREST HILL BLVD., STE 1302 WELLINGTON FL 33414</b>
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3. Date Incorporated or Qualified <b>01/23/1986</b>	4. FEI Number <b>59-2639592</b>	Applied For <input type="checkbox"/> 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**HOSTE, CHERYL  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D SITES, CLAUDE 12765 W FOREST HILL BLVD #1302 WELLINGTON FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ALEXANDER, DOUGLAS 2499 WINDSOR WAY CT WELLINGTON FL 33414</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS <b>12765 W Forest Hill Blvd #1302</b> 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LEVIN, MORTON 2555 WINDSOR WAY COURT WELLINGTON FL 33414</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS <b>12765 W Forest Hill Blvd #1302</b> 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MCGOVERN, WILLIAM 2599 WINDSOR WAY COURT WELLINGTON FL 33414</b>	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS <b>12765 W Forest Hill Blvd #1302</b> 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HARDIGAN, JAMES 2577 SHELTINGHAM WELLINGTON FL 33414</b>	<input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS <b>12765 W Forest Hill Blvd #1302</b> 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS NELSON, MICHAEL 12765 W FOREST HILL BLVD #1302 WELLINGTON FL</b>	<input type="checkbox"/> DELETE	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 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. \_\_\_\_\_ an attachment with an address \_\_\_\_\_

SIGNATURE: *Michael Nelson* **ACQUIRED AS** 4/15/98 561-793-7266

CR2E037 (10/97)