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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N13167

1. Corporation Name

WINDSOR WAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

DISTINCTIVE HOMES OF THE PALM BEACHES, INC  
12765 W. FOREST HILL BLVD., STE 1302  
WELLINGTON FL 33414

Mailing Address

DISTINCTIVE HOMES OF THE PALM BEACHES, INC  
12765 W. FOREST HILL BLVD., STE 1302  
WELLINGTON FL 33414



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/23/1986

4. FEI Number

59-2639592

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

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 Mike Nelson  
82 Street Address (P.O. Box Number is Not Acceptable) 12765 W. Forest Hill Blvd #1302  
83 Wellington  
84 City FL 85 Zip Code 33414

11. Pursuant to the provisions of Sections 617.0502 and 617.4608, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETED
NAME	SITES, CLAUDE	
STREET ADDRESS	12765 W FOREST HILL BLVD #1302	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	SD	DELETED
NAME	ALEXANDER, DOUGLAS	
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	PD	DELETED
NAME	LEVIN, MORTON	
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TD	DELETED
NAME	MCGOVERN, WILLIAM	
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VD	DELETED
NAME	HARDIGAN, JAMES	
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	AS	DELETED
NAME	NELSON, MICHAEL	
STREET ADDRESS	12765 W FOREST HILL BLVD #1302	
CITY-ST-ZIP	WELLINGTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	BOTSY MALONEY		
1.3 STREET ADDRESS	JAMES ADDRESS		
1.4 CITY-ST-ZIP			
2.1 TITLE	D	Change	Addition
2.2 NAME	DICK PRANT		
2.3 STREET ADDRESS	JAMES ADDRESS		
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/15/99 561-78-766

Date

Daytime Phone #

CR2E037 (1/1/98)