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APPROVED AND FILED

05 MAY -1 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Audra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17140** (7)
1. Corporation Name
LAKE WINDWOOD CONDOMINIUM VII ASSOCIATION, INC.

Principal Place of Business Mailing Address

**320 OLIVEWOOD PLACE
BOX #3
BOCA RATON FL 33431**

**320 OLIVEWOOD PLACE
BOX #3
BOCA RATON FL 33431**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. **C/O Beacon Prpty Mgmt.
1. N. Ocean Blvd. #7**

22. City & State 27. **Boca Raton, FL.**

23. Zip Country 28. **33432 FL**

24. Zip Country 29. **33432** 30. **FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/07/1986** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-2734911** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**WILLIS, ERNEST W.
C/O BEACON PROPERTY MANAGEMENT, INC.
1 NORTH OCEAN BLVD., STE. 7
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81. Name **Beacon Property Management**

82. Street Address (P.O. Box Number is Not Acceptable) **1. N. Ocean Blvd. #7**

83. City **Boca Raton, FL** 85. **33432a**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Ernest W. Willis* **Ernest W. Willis** DATE **5/4/95**

12. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	MISH, STEPHEN A.
STREET ADDRESS	320 OLIVEWOOD PL #0-114
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	DALY, JOAN
STREET ADDRESS	330 OLIVEWOOD PL #0-225
CITY - ST - ZIP	BOCA RATON FL
TITLE	STD
NAME	LETCHER, LISA S.
STREET ADDRESS	330 OLIVEWOOD PL #0-219
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Thomas Ramos
13 STREET ADDRESS	320 Olivewood Place
14 CITY - ST - ZIP	Boca Raton, FL.
21 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	S.T.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Lisa Patterson
33 STREET ADDRESS	5900 NW 40th Lane
34 CITY - ST - ZIP	Coconut Creek, FL. 33073
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lisa S. Patterson* **Lisa S. Patterson** DATE **4/19/95** **407-750-2070**