

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 # 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

C/O BEACON PROPERTY MGMT
1N OCEAN BLVD 7
BOCA RATON FL 33432
US

3. Date Incorporated or Qualified
10/07/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 320 Olive Wood Place
Suite, Apt. #, etc.

26 500 E. Spanish River Blvd.
Suite, Apt. #, etc.

22 City & State
Boca Raton, FL.

27 #18
City & State
Boca Raton, FL.

23 Zip Country
33431

28 Zip Country
33431

24

25

29

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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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEACON PROPERTY MGMT
1 N OCEAN BLVD 7
1 NORTH OCEAN BLVD., STE. 7
BOCA RATON FL 33432

81 Name Ernest W. Willis
82 Street Address (P.O. Box Number is Not Acceptable) Beacon Property Mgmt.
83 500 E. Spanish River Blvd. #18
84 City Boca Raton FL 85 Zip Code 33431

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]

ERNEST W. WILLIS

3-27-96

(Signature, typed or printed name of registered agent; and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MISH, STEPHEN A	
STREET ADDRESS	320 OLIVEWOOD PL #0-114	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DALY, JOAN	
STREET ADDRESS	330 OLIVEWOOD PL #0-225	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PATTERSON, LISA	
STREET ADDRESS	5900 NW 40TH LANE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMOS, THOMAS	
STREET ADDRESS	320 OLIVEWOOD PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sherie Ramos	
1.3 STREET ADDRESS	320 OliveWood Pl. #113	
1.4 CITY-ST-ZIP	Boca Raton, FL.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

981-429-3599

Date Daytime Phone

CR2E037 (12/95)