2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N17140

LAKE WINDWOOD CONDOMINIUM VII ASSOCIATION,



44024231

أرووواته المعابل والمالية فالمالية والموارية 320 OLIVEWOOD PLACE BOCA RATON, FL 33431

US

ורובותם מימו של ושוועסם

% BEACON PROPERTY MANAGEMENT, INC. 500 N.E. SPANISH RIVER BLVD., #18 BOCA RATON, FL. 33431

FILED

Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90032 020 ****61.25

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062004 CR2E037 (10/03) Chg-NP City & State City & State 4. FEI Number Applied For 59-2734911 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 0.000 WILLIS, ERNEST W ומתו בתו בתו כו מתוחום בו היו הוכום מוני מנומים במוכום מונים מונים במוכום מונים מונים מונים מונים מונים מונים 500 NE SPANISH RIVER BLVD #18 BOCA RATON, FL 33431 O mm 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to \$5.00 May Be Filing Fee is \$61.25 فورود همون بو وفعهوووو П Florida Department of State Due by May 1, 2004 Added to Fees 10. 11. ☐ Delete TITLE Change ☐ Addition TITLE PATTERSON, LISA NAME NAME STREET ADDRESS 5900 NW 40TH LANE STREET ADDRESS COCONUT CREEK, FL 33073 CITY-ST-ZIP CITY-ST-ZIP SD Delete TITLE Change Addition WILLIS, ERNEST W NAME NAME STREET ADDRESS 500 N.E. SPANISH RIVER BLVD., #18 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP TITLE Change ■ Addition TITI E Delete NAME RAMOS, THOMAS NAME 320 OLIVEWOOD PLACE #113 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #