## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** N93000002408 (3)

** Corporation WINDS		A CONDOMINIUM A	ASSOCIATION,	• •							
Principal Place of Business Mailing Address								-	<b>                                 </b>	and wen diam t	
1320 DREXEL AVE.  MIAMI BEACH FL 33139  US  C/O WOODS MANAGEMENT 2740 W 5 AVE HALEAH FL 33010								3. Date Incorporated or Qualific 05/24/1993	ad .		
			US					65-0567265		<del>   </del>	pplied For ot Applicable
2. Principal P	Place of Busine	<b>85</b> \$	2a. Mailing Address 26				Certificate of Status Desired		\$8.75	Additional equired	
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to		
City & Stat	te		City & State				7. Is this nonprofit corporation a homeowners association?				
Zip Country			Zip Coo			,		8. This corporation owes or has paid the current year Intang			tangible
24		25	29	30				Personal Property Tax due J	une 30.	Yes -	Z No
9. Name and Address of Current Registered Agent								10. Name and Address of New	Registered	Agent	
SCHENK, HAL						Name			<del></del>		. <u>.</u>
2740 W			82 Street Address (P.O. 6			ss (P.O. Box Number is Not Accep	otable)				
HIALEAH FL 33010					83						
					84	City		FL 85 Zip Code			
11. Pursuant	to the provision	ons of Sections 617.0502	and 617.1508, Florid	la Statutes, th	he above	e-namec	corpo	oration submits this statement for the on's board of directors. I hereby ac		of changing in	ts registered
agent. I a	ım familiar witi	h, and accept the obligat	tions of, Section 617.	0503, Florida	Statutes	1 1 1 1 COI	poracio	FIS DOARD OF DIJECTORS. I HELEDY AL	cept the ap	politiment as	reflistered
SIGNATURE	Signiffure, typed o	or printed name of registered agen	and title if applicable.	(NOTE: Red	alatered Age	nt signatur		d when reinstating)	DATE		
12.		OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
TITLE	PD		<b>∠</b> DE	LET <b>E</b>	1.1 TITLE		PL	2	~~~	Change	Addition
NAME	ORTIZ, AL			1.2 NAME		27	ARTINEZ RICHA 4 CARRÍNGTON	PAUE	=		
STREET ADDRESS 1320 DREXEL AVE, APT 305 CITY-ST-ZIP MIAMI BEACH FL								ESTON, FL			
TITLE	VID	AUTI FL	□ DE		2.1 TITLE	1-711	VO		3 JJZ-C	Change	Addition
NAME		TI, MONICA	_		2.2 NAME		-				_
STREET ADDRESS		XEL AVE, APT 203			2.3 STREET ADDRESS				* * *		
CITY-ST-ZIP	MAMI BE				2. 4 CITY-5	ST-ZIP					
TITLE	SD		DE	LETE	3.1 TITLE		STA	<i>D</i>		Change	Addition
NAME	STOSKOF	PF, DEBRA		l	3.2 NAME						
STREET ADDRESS		EXEL AVE, APT 302		ł	3.3 STREET	ADDRESS					
CITY-ST-ZIP	MAMI BE	ACH FL			3.4. CITY - 9	ST-ZIP	L				
TITLE			☐ DE	LETE	4.1 TITLE					Change	Addition
NAME	1				4, 2 NAME		1				
STREET ADDRESS					4.3 STREET						
CITY-ST-ZIP			□ DE		4.4 CITY-S	T-ZIP				Change	Addition
TITLE			<u> </u>		5.1 TITLE					Change	Addition
NAME OTREET ADDRESS	Ì			1	5.2 NAME	ADDRESS					
STREET ADDRESS	1				5.3 STREET		]				
CITY-ST-ZIP TITLE	ļ <del>-</del>		☐ DE		5.4 CITY-S 6.1 TITLE	1-211	<del> </del>			Change	Addition
NAME					6.2 NAME						
					6.3 STREET	VUDBEGG	]				
SINGLI ADAMESS	1			1	e-a GINEEI	- THE IEOU	Į.				

1 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 on an attachment with an address.

**FILED** 

Apr 03 1998 8:00am

Secretary of State