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Jul 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005419 ✓

1. Corporation Name
WINDANCER COMMUNITY ASSOCIATION, INC.

Principal Place of Business DALE E. PETERSON REALTY INC. 321 HWY 98 EAST DESTIN FL 32541 US	Mailing Address DALE E. PETERSON REALTY INC. 321 HWY 98 EAST DESTIN FL 32541 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/13/1995	4. FEI Number 59-3368858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

MCNEY, DEBORAH L
DALE E. PETERSON REALTY INC.
321 HWY 98 EAST
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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: *Deborah L Mcney* DATE: 7-6-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RICHARD STARKE	
STREET ADDRESS	9570 REDBIRD LN	
CITY-ST-ZIP	ALPHARETTA GA 30202	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FRITZ, APFEL	
STREET ADDRESS	412 HENREDON HILL	
CITY-ST-ZIP	PEACH TREE CITY FL 30269	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT ACKLEY	
STREET ADDRESS	231 FORRER BLVD	
CITY-ST-ZIP	DAYTON OH 45419	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	UPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FREDDIE SCHINZ	
1.3 STREET ADDRESS	127 HIGHWAY 98E	
1.4 CITY-ST-ZIP	DESTIN, FL 32541	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRITZ, APFEL	
2.3 STREET ADDRESS	412 HENREDON HILL	
2.4 CITY-ST-ZIP	PEACH TREE CITY, GA 30269	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GERALD CARLINGTON	
3.3 STREET ADDRESS	2526 EDGEWELL LAKE CIRCLE	
3.4 CITY-ST-ZIP	MARIETTA, GA 30062-8404	
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 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, with all other like empowered.

SIGNATURE: *Justine Apple Fritz Apfel* DATE: 7-6-99 DAYTIME PHONE #: 770-487-1639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)