## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT #

N95000006012 (7)

WINDSOR PALMS COMMUNITY ASSOCIATION, INC.

WINDSON PALMS COMMUNITY ASSOCIATION, INC.							
Principal Place of Business		Mailing Address			C SOCIETA DID IDIDI DILICI DELLE COLL	I CANTO DONIN DANCO ETEN SAND	i ildia isbi isbi
2601 S. BAYSHORE DR. MIAMI FL 33133		2601 S. BAYSHORE DR. MIAMI FL 33133-5417					
 					3. Date Incorporated or Qualified 12/21/1995	3a. Date of Last 05/01/19	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 65-0648821	<u></u>	Applied For
Sulte, Apt. #. etc.		26			0070040021		Not Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & State		City & State			6 Floriba Commanda Film alma	~ <del>~~~</del>	Pequired
23		28			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country Zip Country			,	<del></del>		
24	25	29	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
<del>= 11</del>	9. Name and Address of Curre		1901		10. Name and Address of New F		
			81	Name	Tark 6	Ida	
LANGLE	Y, MARCIA H		82	Street Aric	dress P.Q. Box Number Not Accept	oman,	
2601 S. BAYSHORE DR.				3,000		Ere DRI	/ <b>G</b>
MIAMI FL 33133			83	1	COCH DOT GY	& FIMR	
			84	City	gai vepi.	05 7	v Condo
			187		rianci	FL  85  3	3733
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Sta	tutes, the abov	e-named cor	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of changing	its registered
agent. La	egistered agent, or both, in the State m f <b>an</b> iliar with, and accept the oblig	gations of, Section 617.0503,	is aumorizeo b Florida Statute	y tne corpora s.	ation's board of directors. Finereby acc	ept the appointment a	s registerea
SIGNATURE	Joel Hu	Joel K. Go				4-15-97	1
	Signature, typed or printed name of registered as			ent signature <b>re</b> qu	ulred when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	PD VATES BOENDA	☐ DELETE	1.1 TITLE		1110 Callis	Change	Addition
NAME	YATES, BRENDA 2601 S. BAYSHORE DR.		1.2 NAME	C	ARLETON, CALLIS	DRIVE	<b>\</b> !
STREET ADDRESS	[ 141444 P4 44444			T ADDRESS	Miami FL 3.	3133	]!
CITY-ST-ZIP TITLE	DVS DELETE		1.4 CITY - 1 2.1 TITLE	51- ZIP	Maxx. JFZ J.	Change	Addition (
NAME	GOLDMAN, JOEL K	_ :		j		C3 Citalibe	MOORIDE
STREET ADDRESS	l care a mitratiann an		1	ADDRESS			j
CITY-ST-ZIP	1 H 1 1 0 TI 0 1 1 0		2.3 STREE 2.4 CITY-	· · · · · · · · · · · · · · · · · · ·			1
TITLE	DVT DELETE		3.1 TITLE	31-21		Change	Addition
NAME	SPARROW, MARK	<del>-</del>					
STREET ADDRESS	2601 S. BAYSHORE DR.		3.2 NAME 3.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133		3.4. CITY-				
TITLE		DELETE	4.1 TITLE	-		Change	Addition
NAME			4. 2 NAME	1		-	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	ı		4.4 CITY-	,			1
TITLE		DELETE	5.1 1ITLE			☐ Change	Addition
NAME	l		5.2 NAME	-			
STREET ADDRESS			5.3 STREET	ADDRESS			Į
CITY-ST-ZIP			5.4 CITY- 8	ST-ZIP			1
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				ł
STREET ADDRESS			6.3 STREET	ADDRESS			ľ
CITY-ST-ZIP			6.4 C/TY - S	ST-21P			

14. I do 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.

CICNATURE.

le I Mintel Hoel K. Goldman, NP

1-15-97 305

**FILED** 

Apr 28 1997 8:00am

Secretary of State

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