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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 367167

1. Corporation Name

WINDWARD ISLES INC

Principal Plac	e of Business	Mailin	g Address					, ,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	91111 1881 81811	•10/1 •10/1		11 87477 1481
601 SE 5TH CT	т		5TH CT									
SUITE 309		SUITE						DO NOT W	DITE IN THE	e edace		
FT. LAUDERDA	LE FL 33301	FI. LA US	UDERDALE FL 33301	,			2 Date Incorn	orated or Qualife		3 SPACE		
03		03					07/16/19		ou.			
2 Principal P	Place of Business	2a Mi	ailing Address	····			4. FEI Numbe				Appl	lied For
21	lace of dualitiess	26	aming ricarosc				59-12983				+	Applicable
Suite, Apt.	#. etc.		ite, Apt. #, etc.							\$8.7	7 <b>5</b> Ad	Iditional
22	, +	27					5. Certificate of	of Status Desired		Fe	e Req	uired
City & Stat	te		ty & State				6, Election Ca	mpaign Financin	9 🗆	\$5.	.00 N	fay Be
23		28					Trust Fund	Contribution		Add	ded to	Fees
Zip	Country	Zip	)	Cou	ntry		8. This corpor	ation owes the cu	urrent year li		_	
24	25	29		30				roperty Tax.		Yes	L	□No
	9. Name and Address of Cur	rent Registere	ed Agent				10. Name and	Address of New	/ Registered	Agent		
F06	NAME OF STREET				81	Name						•
	SAN, CHERYL A.				82	Street Addr	ess (P.O. Box Nur	mber is Not Acce	ptable)	_		
	SE 5TH CT						·					
	TE 309				83							
F1.	LAUDERDALE FL 33301				84	City				85	Zip Co	ode
		_				•			F	<u> </u>		
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	0502 and 607.	1508, Florida Statute	es, the al	bove-r	named corporation	oration submits thi	is statement for the	ne purpose o	of changin nintment a	g its re is real	gistered stered
agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obl	ligations of, Se	ction 607.0505, Flor	rida Statu	ites.	ic corporatio	mrs board or direc	(010.1110.00) 000	opt the app	<b></b>		
1		•										
SIGNATURE												
SIGNATURE	Signature, typed or printed name of registered				Agent s	signature required	d when reinstating)		DATE		0705	0.101.40
12.	Signature, typed or printed name of registered OFFICERS	agent and title if app AND DIRECT	ORS	13.		signature required		/CHANGES TO (				
12.	Signature, typed or printed name of registered OFFICERS PVST			13. 1.1 TIT	TLE	signature required		/CHANGES TO (		AND DIRE		RS IN 12
12. TITLE	Signature, typed or printed name of registered OFFICERS PVST FOGAN, CHERYL A		ORS	13. 1.1 TII 1.2 NA	TLE ME			CHANGES TO C				
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PVST FOGAN, CHERYL A 1931 S. OCEAN DR.	AND DIRECT	ORS	13. 1.1 TII 1.2 NA 1.3 ST	TLE IME REET A	ADDRESS		/CHANGES TO C				
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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 607. 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.

6.4 CITY-ST-ZIP

SIGNATURE: