

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **720151 (0)**
1. Corporation Name
WINDERMERE CONDOMINIUM, INC.



Principal Place of Business: 1818 NW 54TH TERR LAUDERHILL FL 33313
Mailing Address: 1818 NW 54TH TERR LAUDERHILL FL 33313

3. Date Incorporated or Qualified: 01/29/1971
3a. Date of Last Report: 08/28/1995
4. FEI Number: 59-1361390
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26 P.O. Box 24756
Suite, Apt. #, etc.: 27
City & State: 23 FT. LAUD., FLA
Zip: 24 33307-4756 Country: 25 USA
Country: 30

9. Name and Address of Current Registered Agent
NACHMAN, IRVIN W.
4441 STIRLING RD.
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent
81 Name: BLAIR R. BECKER
82 Street Address (P.O. Box Number is Not Acceptable): 2175 N.E. 56 ST. #114
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33308

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: *Blair R. Becker*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	MD	<input type="checkbox"/>
NAME	MCLEAN, KELLY	
STREET ADDRESS	2001 NW 84 TERRACE	
CITY - ST - ZIP	HOLLYWOOD, FL 33024 33024	
TITLE	DOWNY E. DVPFT	<input type="checkbox"/>
NAME	BOWNING, JANET	
STREET ADDRESS	601 N. UNIVERSITY DR.	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input checked="" type="checkbox"/>
NAME	LASSITER, DELPHINE	
STREET ADDRESS	5300 N.W. 18TH ST. #3	
CITY - ST - ZIP	LAUDERHILL FL 33313	
TITLE	D	<input checked="" type="checkbox"/>
NAME	MCLEAN, A. H.	
STREET ADDRESS	2001 N.W. 84 TERR.	
CITY - ST - ZIP	PEMBROOK PINES FL	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	WINTER JOHN D.	
STREET ADDRESS	1801 NW 54 TERR	
CITY - ST - ZIP	LAUDERHILL FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	HOLBROOK, B.A.	
STREET ADDRESS	5331 SW 57 ST.	
CITY - ST - ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	JACK GERZINA		
1.3 STREET ADDRESS	263 GOOLSBY BLVD		
1.4 CITY - ST - ZIP	DEERFIELD Bch., FL 33442		
2.1 TITLE	DS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	CHARLES GLOVER		
2.3 STREET ADDRESS	263 GOOLSBY BLVD.		
2.4 CITY - ST - ZIP	DEERFIELD Bch., FL 33442		
3.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	P.R. EDMOND		
3.3 STREET ADDRESS	2001 N.W. 84 TERRACE		
3.4 CITY - ST - ZIP	HOLLYWOOD, FL 33024		
4.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	J.L. MCGRAW		
4.3 STREET ADDRESS	207 McNEIL STREET		
4.4 CITY - ST - ZIP	CARTHAGE, NC		
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	P.B. FERRIS		
5.3 STREET ADDRESS	927 Mc FARLAND RD.		
5.4 CITY - ST - ZIP	PINEHURST, NC 28374		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Charles Glover* CHARLES GLOVER APRIL 17, 1996 954-428-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)