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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
1818 NW 54TH TERR LAUDERHILL FL 33313
P.O. BOX 24756 FT. LAUDERDALE FL 33307-4756 US

3. Date Incorporated or Qualified 01/29/1971
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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

9. Name and Address of Current Registered Agent
BLAIR R. BECKER
2175 N.E. 56TH STREET #114
FT. LAUDERDALE FL 33308

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCLEAN, KELLY	
STREET ADDRESS	2001 NW 84 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	DVPT	<input checked="" type="checkbox"/> DELETE
NAME	DOWNIE, JANET	
STREET ADDRESS	601 N. UNIVERSITY DR.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EDMOND, P.R.	
STREET ADDRESS	2001 N.W. 84TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCGRAW, J.L.	
STREET ADDRESS	207 MCNEIL STREET	
CITY-ST-ZIP	CARTHAGE NC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERRIS, P.B.	
STREET ADDRESS	927 MCFARLAND ROAD	
CITY-ST-ZIP	PINEHURST NC	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GERZINA, JACK	
STREET ADDRESS	283 COOLSBY BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACK GERZINA	
1.3 STREET ADDRESS	283 COOLSBY BLVD	
1.4 CITY-ST-ZIP	DEERFIELD Bch, FL 33442	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELAINE HILL	
2.3 STREET ADDRESS	5316 N.W. 18 ST. #3	
2.4 CITY-ST-ZIP	LAUDERHILL, FL 33313	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RODOLFO BECKLES	
3.3 STREET ADDRESS	2403 NW 118 TERR.	
3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HILDELISA RUDEREAIR	
4.3 STREET ADDRESS	3655 S.W. 12 PLACE	
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
5.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CHARLES GLOVER	
5.3 STREET ADDRESS	283 COOLSBY BLVD.	
5.4 CITY-ST-ZIP	DEERFIELD Bch, FL 33442	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JANET DOWNIE	
6.3 STREET ADDRESS	601 N. UNIVERSITY DR.	
6.4 CITY-ST-ZIP	PEMBROKE PINES, FL (SEE ATTACHMENT)	

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.

SIGNATURE: *Charles Glover* - TRAVEL - CHARLES GLOVER Date: 954428-1995 Daytime Phone # 0035792

CR2E037 (9/96)