

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

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 290322 FT. LAUDERDALE FL 33329 US

3. Date Incorporated or Qualified 01/29/1971  
4. FEI Number 59-1361390 Applied For Not Applicable

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

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

POLIAKOFF, GARY A  
C/O BECKER & POLIAKOFF, P.A.  
3111 STIRLING ROAD  
FT. LAUDERDALE FL 33312

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

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MCLEAN, KELLY B	<i>change</i>
STREET ADDRESS	2001 N.W. 84TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCGRAW, J. LLOYD	
STREET ADDRESS	207 MCNIEL ST. BOX #699	
CITY-ST-ZIP	CARTHAGE NC 28327	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EDMOND, P.R.	
STREET ADDRESS	BRADLEY RD., BOX #23	
CITY-ST-ZIP	VALLEY BEND WV 26293	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERRIS, P.B.	
STREET ADDRESS	206 MCFARLAND ST., BOX #927	
CITY-ST-ZIP	PINEHURST NC 28374	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DOWNIE, JANET	
STREET ADDRESS	661 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCLEAN, KELLY B	
1.3 STREET ADDRESS	2001 NW 84TH TERRACE	
1.4 CITY-ST-ZIP	HOLLYWOOD FL 33024	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GIBBS, GEORGE	
2.3 STREET ADDRESS	1848 55TH AVE #1	
2.4 CITY-ST-ZIP	LAUDERHILL FL 33313	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JACKSON, CHERYL L.	
3.3 STREET ADDRESS	5400 NW 18TH ST	
3.4 CITY-ST-ZIP	LAUDERHILL FL, 33313	
4.1 TITLE	TP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Beckles, Rudy	
4.3 STREET ADDRESS	3403 NW 118 TERR	
4.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MCGRAW, J. LLOYD	
5.3 STREET ADDRESS	2001 NW 84TH TERR	
5.4 CITY-ST-ZIP	PEMBROKE PINES FL 33024	
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 as an attachment with an address.

SIGNATURE: *[Signature]* CHERYL L. JACKSON - SECY. May 27 1998 954 114783 1

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