

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720151

1. Entity Name

WINDERMERE CONDOMINIUM, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90027 024 ****61.25

Principal Place of Business 1818 NW 54TH TERR LAUDERHILL FL 33313	Mailing Address P.O. BOX 290322 FT. LAUDERDALE FL 33329-0322 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1361390	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

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

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLEAN, KELLY B 2001 N.W. 84TH TERRACE HOLLYWOOD FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBBS, GEORGE 1848 55TH AVE, SUITE 1 LAUDERHILL FL 33313 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, CHERY L 5400 NW 18TH ST LAUDERHILL FL 33313 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BECKLES, RUDY 2403 NW 118TH TERR CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Title
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Title
TITLE NAME STREET ADDRESS CITY-ST-ZIP	← Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. LLOYD McGRAY 1848 N.W. 54 TERR #3 LAUDERHILL FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J.L. STEPHENS 1817 NW 54 TERR #4 LAUDERHILL FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with or without other like empowered.

SIGNATURE: *Kelly B. McLean* Kelly B. McLean **5/28/2000 954-486-8179**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)