

FILE NOW: FILING FEE IS \$61.25

AMENDED

NONPROFIT CORPORATION ANNUAL REPORT

1997



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

DOCUMENT # 120151
1. Corporation Name

Windermere Condominium, Inc.

Principal Place of Business Mailing Address
1818 N.W. 54th Terrace (Same)
Lauderhill, FL 33313

3. Date Incorporated or Qualified 1/29/71
3a. Date of Last Report 3/31/97

FILED
97 OCT 13 PM 3:05



21	2. Principal Place of Business 1818 N.W. 54TH TERRACE	2a. Mailing Address (same or) P.O. Box 290322	4. FEI Number 59-1361390	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State LAUDERHILL, FLORIDA	City & State Ft. Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33313	Country U.S.	29	33329
25	Country U.S.	30	U.S.	
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Gary A. Poliakoff, President 82 Street Address (P.O. Box Number is Not Acceptable) c/o Becker & Poliakoff, P.A. 83 3111 Stirling Road 84 City Ft. Lauderdale FL 85 Zip Code 33312	
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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 _____ DATE 10-10-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P/D <input checked="" type="checkbox"/> DELETE	11 TITLE	P/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerzina, Jack	12 NAME	McLean, Kelly B.
STREET ADDRESS	263 Coolsby Blvd.	13 STREET ADDRESS	2001 N.W. 84th Terrace
CITY-ST-ZIP	Deerfield Beach, FL	14 CITY-ST-ZIP	Hollywood, FL 33024
TITLE	V/D <input checked="" type="checkbox"/> DELETE	21 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hill, Elaine	22 NAME	McGraw, J. Lloyd
STREET ADDRESS	5316 N.W. 18th St. #3	23 STREET ADDRESS	207 McNeil St. Box #699
CITY-ST-ZIP	Lauderhill, FL	24 CITY-ST-ZIP	Carthage, NC 28327
TITLE	V/D <input checked="" type="checkbox"/> DELETE	31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beckless, Rudolfo	32 NAME	Edmond, P.R.
STREET ADDRESS	2403 N.W. 118 Terrace	33 STREET ADDRESS	Bradley Rd., Box #23
CITY-ST-ZIP	Coral Gables, FL	34 CITY-ST-ZIP	Valley Bend, WVA 26293
TITLE	S/D <input checked="" type="checkbox"/> DELETE	41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rudegeaur, Hildelisa	42 NAME	Ferris, P.B.
STREET ADDRESS	3655 S.W. 12 Place	43 STREET ADDRESS	206 McFarland St., Box #927
CITY-ST-ZIP	Ft. Lauderdale, FL	44 CITY-ST-ZIP	Pinehurst, NC 28374
TITLE	T/D <input checked="" type="checkbox"/> DELETE	51 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glover, Charles	52 NAME	Downie, Janet
STREET ADDRESS	263 Coolsby Blvd.	53 STREET ADDRESS	661 N. University Drive
CITY-ST-ZIP	Deerfield Beach, FL	54 CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	500002083535-6
STREET ADDRESS		63 STREET ADDRESS	-10/10/97-01113-005
CITY-ST-ZIP		64 CITY-ST-ZIP	*****1-25*****61.25

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. 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: Kelly B. McLean Kelly B. McLean 10/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030117