

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 # 724586 (3)

1. Corporation Name
THE WINDWARD II, INC.



Principal Place of Business
**1250 N E 125TH STREET
N MIAMI FL 33161**

Mailing Address
**1250 N E 125TH STREET
N MIAMI FL 33161**

3. Date Incorporated or Qualified
10/19/1972

3a. Date of Last Report
04/14/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1602356		Applied For <input type="checkbox"/>		Not Applicable <input type="checkbox"/>	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					
City & State		City & State							
23		28							
Zip		Country		Zip		Country			
24		25		29		30			

9. Name and Address of Current Registered Agent

**MUNOZ, CONNIE
1250 N.E. 125TH ST., #212
NORTH MIAMI FL 33161**

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 *Connie Munoz* *Connie Munoz, Pres.* *4/22/96*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ, CONNIE	1.2 NAME	
STREET ADDRESS	1250 NE 125TH ST., #212	1.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL 33161	1.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, LARRY	2.2 NAME	
STREET ADDRESS	1250 NE 125TH ST., #417	2.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL 33116	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMMONS, ROBEY L	3.2 NAME	
STREET ADDRESS	1250 NE 125TH ST, 317	3.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL 33161	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, VIRGINIA	4.2 NAME	
STREET ADDRESS	1250 NE 125TH ST, 204	4.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL 33161	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANDA, PAULINA	5.2 NAME	
STREET ADDRESS	125 NE 125TH ST., #202	5.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL 33161	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, if changed, or on an attachment with an address.

SIGNATURE: *Robey L Ammons* *Robey L Ammons* *4/23/96* (305) 899-0757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)