FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB 28 AM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728570 (3)

1. Corporation Name
WINDEMERE HOUSE ASSOCIATION, INC.

Principal Place of Business
250 SOUTH OCEAN BOULEVARD
DELRAY BEACH FL 33483-6752

Mailing Address
250 SOUTH OCEAN BOULEVARD
DELRAY BEACH FL 33483-6752

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1973
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1860355 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
BYRNE, WILLIAM
250 S OCEAN BLVD
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent
81 Name: FRANK P. MEHOK, JR.
82 Street Address (P.O. Box Number is not acceptable): 610 E. ATLANTIC AVE.
83
84 City: DELRAY BEACH FL 85 Zip Code: 33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] FRANK P. MEHOK, JR.
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	D
NAME	MAHONEY, ANN
STREET ADDRESS	250 S OCEAN BLVD
CITY-ST-ZIP	DELRAY BCH FL
TITLE	S
NAME	JOHNSON, LISA
STREET ADDRESS	250 S. OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 00000
TITLE	DT
NAME	BYRNE, WILLIAM
STREET ADDRESS	250 S OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 00000
TITLE	VP
NAME	KERCHEVAL, JOANNE
STREET ADDRESS	250 S OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 00000
TITLE	P
NAME	BELLOISE, ROBERT
STREET ADDRESS	250 S OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 00000
TITLE	D
NAME	ROBINSON, BRENDA
STREET ADDRESS	250 S. OCEAN BLVD
CITY-ST-ZIP	DELRAY BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP VICE PRESIDENT	☒ Change ☐ Addition
1.2 NAME	ANN MAHONEY	
1.3 STREET ADDRESS	250 S. OCEAN BLVD.	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	Delete	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TREASURER TD	☒ Change ☐ Addition
3.2 NAME	BUCHANAN, SHIRLEY	
3.3 STREET ADDRESS	250 S. OCEAN BLVD	
3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
4.1 TITLE	PRESIDENT PD	☒ Change ☐ Addition
4.2 NAME	JOANNE KERCHEVAL	
4.3 STREET ADDRESS	250 S. OCEAN BLVD	
4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
5.1 TITLE	SECRETARY SD	☒ Change ☐ Addition
5.2 NAME	BRENDA ROBINSON	
5.3 STREET ADDRESS	250 S. OCEAN BLVD	
5.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
6.1 TITLE	DIRECTOR D	☒ Change ☐ Addition
6.2 NAME	LISA JOHNSON	
6.3 STREET ADDRESS	250 S OCEAN BLVD	
6.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brenda K Robinson 2-20-95 407/272-8434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — BRENDA K. ROBINSON — Date — Daytime Phone #

00113200