

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 # 728570 (3)

1. Corporation Name

WINDEMERE HOUSE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

250 SOUTH OCEAN BOULEVARD
DELRAY BEACH FL 33483-6752

250 SOUTH OCEAN BOULEVARD
DELRAY BEACH FL 33483-6752



3. Date Incorporated or Qualified

12/31/1973

3a. Date of Last Report

02/28/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEHOK, JR. F
610 E. ATLANTIC AVE.
DELRAY BEACH FL 33483

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 date (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VPD	MAHONEY, ANN	250 S OCEAN BLVD	DELRAY BCH FL	<input type="checkbox"/>
TD	BUCHANAN, SHIRLEY	250 S OCEAN BLVD	DELRAY BEACH, FL 00000	<input checked="" type="checkbox"/>
PD	KERCHEVAL, JOANNE	250 S OCEAN BLVD	DELRAY BEACH, FL 00000	<input type="checkbox"/>
SD	ROBINSON, BRENDA	250 S OCEAN BLVD	DELRAY BEACH, FL 00000	<input checked="" type="checkbox"/>
D	JOHNSON, LISA	250 S. OCEAN BLVD	DELRAY BCH, FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS TO CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
VICE-PRESIDENT	MAY, STEVEN	250 S. OCEAN BLVD	DELRAY BCH, FL 33483	TREASURER	JOSEPH PROSPERI	250 S. OCEAN BLVD	DELRAY BCH, FL 33483	PRESIDENT	KERCHEVAL, JOANNE	250 S. OCEAN BLVD	DELRAY BCH, FL 33483	SECRETARY	JOHNSON, LISA	250 S. OCEAN BLVD	DELRAY BCH, FL 33483					DIRECTOR	MAHONEY, ANN	250 S. OCEAN BLVD	DELRAY BCH, 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Joanne B. Kercheval
JOANNE B. KERCHEVAL

3/8/96

407-272-2585

Date

Daytime Phone #

CR2E032(12/95)

3-26-96