


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 250 SOUTH OCEAN BOULEVARD DELRAY BEACH FL 33483-6752		Mailing Address 250 SOUTH OCEAN BOULEVARD DELRAY BEACH FL 33483-6782	
2. Principal Place of Business		3a. Date of Last Report	
21 Suite, Apt. #, etc.		3a. 03/26/1996	
22 City & State		4. FEI Number	
23 Zip		4. 59-1860355	
24 Country		5. Certificate of Status Desired	
25		5. <input type="checkbox"/> \$8.75 Additional Fee Required	
26		6. Election Campaign Financing	
27		6. <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
29		8. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 Patti Heidler Ladwig, 9.A.	
		82 Street Address (P.O. Box Number is Not Acceptable) 1645 Palm Beach Lakes Blvd.	
		83 Suite Suite 640	
		84 City West Palm Beach	
		85 Zip Code FL 33401	
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 Patti Heidler Ladwig Patti Heidler Ladwig, ESQUIRE 4/28/97			
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	President P/D
NAME	MAHONEY, ANN	1.2 NAME	Steven J. May
STREET ADDRESS	250 S OCEAN BLVD	1.3 STREET ADDRESS	250 S. Ocean Blvd, Unit 263
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	T	2.1 TITLE	VP/STO
NAME	PROSPERI, JOSEPH	2.2 NAME	Kathy Salvador
STREET ADDRESS	250 S OCEAN BLVD	2.3 STREET ADDRESS	250 S. Ocean Blvd, Unit 266
CITY-ST-ZIP	DELRAY BEACH FL 33483	2.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	PD	3.1 TITLE	T/D
NAME	KERCHEVAL, JOANNE	3.2 NAME	Richard Robinson
STREET ADDRESS	250 S OCEAN BLVD	3.3 STREET ADDRESS	250 S. Ocean Blvd, Unit 252
CITY-ST-ZIP	DELRAY BEACH FL 33483	3.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	SD	4.1 TITLE	D
NAME	JOHNSON, LISA	4.2 NAME	Holly Kitching
STREET ADDRESS	250 S OCEAN BLVD	4.3 STREET ADDRESS	250 S Ocean Blvd., unit 267
CITY-ST-ZIP	DELRAY BEACH FL 33483	4.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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; 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: Steven J. May		Date 4-15-97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 0044780	

CR2E037 (9/96)