FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 728570**

1. Corporation Name

WINDEMERE HOUSE ASSOCIATION, INC.

Filticipal Flace of Dusiliess
250 SOUTH OCEAN BOULEVARD
DELRAY REACH FL 33483-6752

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90145 036 ****61.25

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Principal Place	of Business	Mailing Address							
250 SOUTH OC	CEAN BOULEVARD	250 SOUTH OCEAN BOULEVARD				1 1 3 3 11 1 10 1 11 1	SI JANAR ANNI ISAKI AAN EKSIT	11811 (11 6 11 1119 11 11 8	11 810 18 1 8 8 1
	H FL 33483-6752	DELRAY BEACH FL 33483-6752							
						1 186111 18019 110			(7 = 10 11 10 01
					1				
2. Principal Pl	ace of Business	2a. Mailing Address				3. Date Incorporate	d or Qualifed		
11		26				12/31/1973			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.]	4. FEI Number			olied For
22		27				59-1860355	<u> </u>		Applicable
City & State	e	City & State				5. Certifcate of Stat	tus Desired 🔲	\$8.75 A	
23	0	28	Cou	ntne		6 Floring Consol			
Zip	Country	Zip	30	iiu y		Election Campai Trust Fund Cont	11	\$5.00 Added to	- 1
24	9. Name and Address of Current	29 Registered Agent	[30]				ress of New Registers		
	- Raile and Address of Carrett	TOBIOTOTO ANGOIN		81 Name	_	~'. Q.	- Man		1 76
LADMON LI	FIDLED BATTLD			00 0000	<u> </u>	AND S TYP	the Acceptable	uzemw	\mathbf{u}, \mathbf{u}
	EIDLER, PATTI P			82 Street	Address Va	P.Q. Box Number	Wilher	• •	1
SUITE 640	M BEACH LAKES BLVD		83	1.2					
	M BEACH FL 33401			04 07			<u> </u>	les Zio C	nde
MEGI FAL	MIDEROITIE 33-101			84 0	مهلاد	Beach	F	L 85 335	163
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	ites, the al	oove-named	corpora	tion submits this sta	tement for the purpose	of changing its	registered
office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Elorida Such change was	authorized lo∎da Statı	by the corporates.	oration's	board of directors.	I nereby accept the app	omunent as reg	Jistered
	O. L. Varia	"SLYAIU'S Prone		ust T	•\/.•	San.	20, 1999		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	E: Regis pred	Ageo signature r	required wh	en reinstating)	DATE	LUD BIOECTO	DO III 40
12.	OFFICERS AND		13.			ADDITIONS/CHA	NGES TO OFFICERS		Addition
TITLE	PD	☐ DÉLETE	1.1 ∏		(A)	184		☐ Change	Addition
NAME	MAY, STEVEN J		1.2 NA		Ker	th Kern	W. 11. A. 26	9	
STREET ADDRESS	250 S. OCEAN BLVD., UNIT 263		1.3 ST	REET ADDRESS	asp	> 00m 12	ivd., Unit 26	•	1
CITY-ST-ZIP	DELRAY BEACH FL		_	TY-ST-ZIP	Deli	ray beach,	4C 334B3	Change	★ Addition
TITLE	VD	DELETE	2.1 Π		マン				Addition
NAME	SALVADOR, KATHY		2.2 N		Dehr	y. wayer	id Unto alo]	ļ
STREET ADDRESS	250 S. OCEAN BLVD., UNIT 266		2.3 \$1	REET ADDRESS	250	S. UCEM O	vari ochto		1
CITY-ST-ZIP	DELRAY BEACH FL			TY-ST-ZIP	ork	on beach,	1 51400	Change	- · [-] Addition
TITLE	TD	DELETE	3,1 111			•	= 5	[] Cutange	- G Addison
NAME	RAMOS, MICHAEL A.		3.2 NA						
STREET ADDRESS	250 S OCEAN BLVD UNIT 265			REET ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL	€Z pereze		TY-ST-ZIP	-			Change	Addition
TITLE	SD	DELETE	4.1 TT					⊤1 Aumilde	
NAME	KITCHING, HOLLY		4. 2 N						1
	250 S. OCEAN BLVD., UNIT 267		1	REET ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL	□ DELETE		TY-ST-ZIP	-			[] Change	Addition
TITLE		☐ DELETE	5.1 TF 5.2 NA		1			ondige	
NAME				REET ADDRESS			e		İ
STREET ADDRESS				TY-ST-ZIP			-		
CITY-ST-ZIP		☐ DELETE	6.1 TI					☐ Change	Addition
TITLE		LJ DELETE	6.2 N				-		_
NAME				REET ADORESS	1				
STREET ADDRESS	}			TY-ST-ZIP					1
CITY-ST-ZIP			0.4 (-1	11-01-F	1				

14: 1 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 cath; that I am an officer or director of the corporation of 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 appearses, with all other like empowered.

SIGNATURE: