

6-18-98 B 7950 C  
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FILED  
 Jun 18 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734953 (3)**

1. Corporation Name  
**WINDSOR VILLAGE ASSOCIATION, INC.**



Principal Place of Business <b>727 WINDSOR LANE KEY WEST FL 33040</b>	Mailing Address <b>727 WINDSOR LANE KEY WEST FL 33040</b>
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3. Date Incorporated or Qualified  
**02/12/1976**

4. FEI Number  
**NOT APPLICABLE**

Applied For	
Not Applicable	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**LEE, CHARLES E  
 727 WINDSOR LANE  
 KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REYNOLDS, CHAD R	
STREET ADDRESS	721 WINDSON LANE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	<del>WILBUR, CHARLOTTE W</del>	
STREET ADDRESS	<del>746 R WINDSOR LANE</del>	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HANEMAN, NEIL	
STREET ADDRESS	721 F WINDSOR LANE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	CM	<input type="checkbox"/> DELETE
NAME	LEE, CHARLES E	
STREET ADDRESS	727 WINDSOR LANE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HERSEY, BARBARA	
2.3 STREET ADDRESS	719 WINDSON LANE	
2.4 CITY-ST-ZIP	Key WEST, FL 33040	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *[Signature]* 6/12/98 734953 (305)

CP2E037 (10/97)