

**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 # 747598 (1)**

1. Corporation Name

**WINDSONG LAKES VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

ALL FLORIDA MANAGEMENT CO.  
8360 W. FLAGLER ST., STE. 208  
MIAMI FL 33144  
US

ALL FLORIDA MANAGEMENT CO.  
8360 W. FLAGLER ST., STE. 208  
MIAMI FL 33144  
US

3. Date Incorporated or Qualified  
**06/12/1979**

3a. Date of Last Report  
**03/28/1995**

2. Principal Place of Business

2a. Mailing Address

**All Fla. Management Co.**

**All Fla. Management Co.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1900 CORAL WAY STE 301**

**1900 CORAL WAY STE. 301**

City & State

City & State

**Miami, FL**

**Miami, FL**

Zip

Country

Zip

Country

**33144**

**33144**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERTS, NORMAN T.  
50 WEST MASHTA DR.  
KEY BISCAYNE FL 33149**

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ALFONSO, SAVORY  
STREET ADDRESS 9955 NW 9 ST. CIRCLE #1  
CITY-ST-ZIP MIAMI FL

1.1 TITLE PD  
1.2 NAME VALERO, MATILDE  
1.3 STREET ADDRESS 9953 NW 9th Cir #2  
1.4 CITY-ST-ZIP MIAMI, FL

TITLE S  
NAME VALERO, MATILDE  
STREET ADDRESS 9953 NW PTH ST. CIR. 2  
CITY-ST-ZIP MIAMI FL

2.1 TITLE S  
2.2 NAME ALFONSO, SAVORY  
2.3 STREET ADDRESS 9955 NW 9th Circle #1  
2.4 CITY-ST-ZIP MIAMI, FL

TITLE TD  
NAME HERRERA, FRANCISCO  
STREET ADDRESS 9917 NW 9 ST CR 4  
CITY-ST-ZIP MIAMI FL

3.1 TITLE TD  
3.2 NAME EMILIA BARRAGACHE  
3.3 STREET ADDRESS 9915 NW 9th Street Cir. #4  
3.4 CITY-ST-ZIP MIAMI, FL

TITLE VD  
NAME MARTINEZ, JESUS  
STREET ADDRESS 9915 NW 9TH ST CIRCLE #1  
CITY-ST-ZIP MIAMI FL

4.1 TITLE VD  
4.2 NAME JOSE COUTO  
4.3 STREET ADDRESS 9905 NW 9th St Circle #7  
4.4 CITY-ST-ZIP MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE D  
5.2 NAME SANTIAGO, FOLVIO  
5.3 STREET ADDRESS 9907 NW 9th St. Circle #15  
5.4 CITY-ST-ZIP MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-1-96**

Date

Daytime Phone #

CR2E037 (12/95)