

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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.  
1900 CORAL WAY STE 301  
MIAMI FL 33145  
USALL FLORIDA MANAGEMENT CO.  
1900 CORAL WAY #301  
MIAMI FL 33145-2661  
US3. Date Incorporated or Qualified  
06/12/19793a. Date of Last Report  
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-2013495Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

## 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 reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VALERO, MATILDE	
STREET ADDRESS	9953 NW 9TH CIRCLE #2	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ALFONSO, SAVORY	
STREET ADDRESS	9955 NW 9 ST CIRCLE #1	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARRENECHE, EMILIA	
STREET ADDRESS	9915 NW 9TH STREET CIRCLE #4	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COUTO, JOSE	
STREET ADDRESS	9905 NW 9TH STREET CIRCLE #7	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANTANA, FULVIO	
STREET ADDRESS	9907 NW 9TH STREET CIRCLE #15	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VALERO, MATILDE	
1.3 STREET ADDRESS	1900 CORAL WAY SUITE # 301	
1.4 CITY-ST-ZIP	MIAMI, FL.	
2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EMILIA McGEE	
2.3 STREET ADDRESS	1900 CORAL WAY SUITE # 301	
2.4 CITY-ST-ZIP	MIAMI, FL	
3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FULVIO SANTANA	
3.3 STREET ADDRESS	1900 CORAL WAY SUITE # 301	
3.4 CITY-ST-ZIP	MIAMI, FL.	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RAYMOND KATTURA	
4.3 STREET ADDRESS	1900 CORAL WAY SUITE # 301	
4.4 CITY-ST-ZIP	MIAMI, FL.	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ARIELA, STOMIOLO	
5.3 STREET ADDRESS	1900 CORAL WAY SUITE # 301	
5.4 CITY-ST-ZIP	MIAMI, FL.	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/97

Daytime Phone # 0000000

CR2E037 (9/96)