


FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morikam 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
US**

**ALL FLORIDA MANAGEMENT CO.
1900 CORAL WAY #301
MIAMI FL 33145
US**



3. Date Incorporated or Qualified

06/12/1979

4. FEI Number

59-2013495

Applied For

Not Applicable

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VALERO, MATILDE	
STREET ADDRESS	9953 NW 9TH CIRCLE #2	
CITY-ST-ZIP	MIAMI FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MC GEE, EMILIYA	
STREET ADDRESS	1900 CORAL WAY STE 301	
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	SD	<input type="checkbox"/> DELETE
NAME	KATTURA, RAYMOND	
STREET ADDRESS	1900 CORAL WAY STE 301	
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	D	<input type="checkbox"/> DELETE
NAME	ARIELA, STOMIOLO	
STREET ADDRESS	1900 CORAL WAY, SUITE #301	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MATILDE VALERO	
1.3 STREET ADDRESS	1900 CORAL WAY, STE # 301	
1.4 CITY-ST-ZIP	MIAMI, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

2.1 TITLE	VICE-PRESIDENT, VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FULVIO SANTANA	
2.3 STREET ADDRESS	1900 CORAL WAY, STE # 301 Miami, FL 33145	
2.4 CITY-ST-ZIP		

3.1 TITLE	TREASURER, TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Roberto Gonzalez	
3.3 STREET ADDRESS	1900 CORAL WAY, STE # 301	
3.4 CITY-ST-ZIP	Miami, FL 33145	

4.1 TITLE	DIRECTOR, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RAYMOND KATTURA	
4.3 STREET ADDRESS	1900 CORAL WAY, STE # 301	
4.4 CITY-ST-ZIP	MIAMI, FL 33145	

5.1 TITLE	SECRETARY, SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ARIELA STORNILO	
5.3 STREET ADDRESS	1900 CORAL WAY, STE # 301	
5.4 CITY-ST-ZIP	MIAMI, FL 33145	

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:

Matilde Valero

04/29/98 (200) 854-8200

CR2037 (1097)