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Secretary of State

03-10-1999 90013 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747598

1. Corporation Name

WINDSONG LAKES VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

ALL FLORIDA MANAGEMENT CO.
~~1900 CORAL WAY STE 301~~
MIAMI FL 33145
US


2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 ALL FLORIDA MANAGEMENT CO.	26 2828 Coral Way	06/12/1979
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 2828 CORAL WAY SUITE 435	27 Suite 435	59-2013495
City & State	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
23 MIAMI, FL. 33145	28 miami, FL	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
Zip Country	Zip Country	
24 33145 25	29 33145 30	

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	EDO MELONI, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)	301 Yamato Rd. suite 4150
83 City	Boca Raton, FL 33481
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 ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	VALERO, MATILDE	1.2 NAME	MATILDE VALERO
STREET ADDRESS	1900 CORAL WAY SUITE #301	1.3 STREET ADDRESS	2828 CORAL WAY SUITE # 435
CITY-ST-ZIP	MIAMI FL 33145	1.4 CITY-ST-ZIP	MIAMI, FL. 33145
TITLE	TD ☒ DELETE	2.1 TITLE	TD ☒ Change ☐ Addition
NAME	MC GEE, EMILYA	2.2 NAME	ROBERTO GONZALEZ
STREET ADDRESS	1900 CORAL WAY STE 301	2.3 STREET ADDRESS	2828 CORAL WAY SUITE 435
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL. 33145
TITLE	TD ☒ DELETE	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	BARRENECHE, EMILIA	3.2 NAME	FULVIO SANTANA
STREET ADDRESS	9915 NW 9TH STREET CIRCLE #4	3.3 STREET ADDRESS	2828 CORAL WAY SUITE # 435
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL. 33145
TITLE	SO ☐ DELETE	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	KATTURA, RAYMOND	4.2 NAME	RAYMOND KATTURA
STREET ADDRESS	1900 CORAL WAY STE 301	4.3 STREET ADDRESS	2828 CORAL WAY SUITE # 435
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL. 33145
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SANTANA, FULVIO	5.2 NAME	
STREET ADDRESS	1900 CORAL WAY SUITE #301	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	5.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ARIELA, STOMIOLO	6.2 NAME	
STREET ADDRESS	1900 CORAL WAY, SUITE #301	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-26-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)