

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90038 005 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 755291

1. Corporation Name
WINEWOOD EAST II, A CONDOMINIUM, INC.

Principal Place of Business
 % GEORGE ANDERSON
 1416 DENHOLM DR
 TALLAHASSEE FL 32312

Mailing Address
 % GEORGE ANDERSON
 1416 DENHOLM DR
 TALLAHASSEE FL 32312



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	City & State	27	City & State	59-2059952	Not Applicable
23	Zip	28	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ANDERSON, GEORGE II, A CONDOMINIUM, INC. 1416 DENHOLM DR TALLAHASSEE FL 32312				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *George II Anderson* (NOTE: Registered Agent signature required when reinstating) DATE: January 11, 1999

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDT	<input type="checkbox"/> DELETE		1.1 TITLE			
NAME	ANDERSON, GEORGE			1.2 NAME			
STREET ADDRESS	1416 DENHOLM DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ETHERIDGE, JAY			2.2 NAME			
STREET ADDRESS	1942-B DARRYL DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32307			2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	BANERJEE, DILIP			3.2 NAME			
STREET ADDRESS	1942-C DARRYL DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *George II Anderson* DATE: January 11, 1999

(C) 487-0586
 (H) 385-8673
 Daytime Phone #

CR29E037 (11/98)