FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759206 (6)

1. Corporation Name
WINDOVER OF COCOA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1050 NORTH FISKE BLVD COCOCA FL 32922-7368	1050 NORTH FISKE BLVD COCOCA FL 32922-7368

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2119717 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOSLEY, CURTIS R
1221 E NEW HAVEN
MELBOURNE FL 32901

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Curtis Mosley 4/12/95
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	V	11 TITLE	S+T	☐ Change ☐ Addition
NAME	MOLITOR, JUDITH	12 NAME		
STREET ADDRESS	625 FLA AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 00000	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	V P	☐ Change ☐ Addition
NAME	HUNTER, BILL S	22 NAME		
STREET ADDRESS	787 NASSAU RD	23 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH, FL 00000	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	WELLS, DONNA	32 NAME		
STREET ADDRESS	1050 N. FISKE #403	33 STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 00000	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	JENNINGS, JAMES	42 NAME		
STREET ADDRESS	0223 ALLWOOD PL.	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SAMUELS, JOHN	52 NAME		
STREET ADDRESS	1050 NORTH FISKE, #403	53 STREET ADDRESS		
CITY ST ZIP	COCOA FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: Rie B. Hunter V.P. 4/12/95 (407) 284-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035804