FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

759759

(4)

WINDEMERE SHORES CONDOMINIUM ASSOC., INC.

Principal Place of Business Mailing Address									I 018H BIBII	BLOK BLOK IEBL
UNIT 212	SHORE BOULEVARD	UNIT 212	2600 OCEAN SHORE BOULEVARD UNIT 212 ORMOND BEACH FL 32176-2376							
ORMOND BEA	ICH FL 32176-2376	OHMONU					3. Date Incorporated or Qualified			
2. Principal Plac	ce of Business	2a. Mailing	Address				4. FEI Number		_ 	Applied For
21		26					59-2279209	.		Not Applicable
Suite, Apt. #	, etc.	27 Suite, F	ıçıt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City 8.5	State				6. Election Campaign Financing			0 May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip	-	Country ⊐	1		8. This corporation has liability for in			199.032,
24	25 25 27 27 28 29. Name and Address of Current Re		ent 30				Florida Statutes L 10. Name and Address of New R	Yes X		
	S. Hamo and Page 50 Con-	on noglotorous	<u></u>	81	N	ame				
MCCOY,	FO			82	0	troot Addiese	s (P.O. Box Number is Not Acceptable	(e)		
	EAN SHORE BOULEVARD			02	3	ireer Addres	55 (F.O. DOX Natifiber is Not Acceptable			
UNIT 301	1			83	7					
ORMONI	D BEACH FL 32176			84	C	ity			85 Zip	Code
44 D	the annual control of the control of	00 617 1500	Firmials Chalana h	tio also is	<u> </u>	ad paragrat	ion submits this statement for the pur	FL.	nging its re	anistored office
or registere	of the provisions of Sections 617.05 and agent, or both, in the State of Fix and accept the obligations of, Se	orida. Such change	was authorized t	by the corp	orat	tion's board	of directors. I hereby accept the appo	pose of cha pintment as	registered	agent. I am
SIGNATURE _	Edward Sprature, typed or printed name of represent ag	McCay	gr.			alture required w	denomination	1 -16 DATE	-96	· · · · · · · · · · · · · · · · · · ·
12.	of FICERS A	ND DIRECTORS	1310/1	13.	rtsigi	Michigan School W	ADDITIONS/CHANGES TO OFFI	E- 1.E		
TITLE	PD			1 TITLE					Change	☐ Addition
NAME	MCCOY, ED			1.2 NAME						
STREET ADDRESS	2600 OCEAN SHORE BLVD)., 301		1 3 STREE	T ADO	RESS				
CiTY-ST-ZIP	ORMOND BEACH FL		The ev	1.4 CITY - 5	ST - ZI	P			70	
TITLE	SD ANN	l	_]DELETE	21 TITLE				L	Change	☐ Addition
NAME	WEBB, ANN 2600 OCEAN SHORE BV 2	07		2.2 NAME 2.3 STREE	7 ADO	NDECC				
STREET ADDRESS CHY-ST-ZIP	ORMOND BEACH FL	01		2 4 CHY-						
TITLE	TD]OELETE	3 1 TITLE		<u>"</u>		[Change	Addition
NAME	WEEKS, IMY			3 2 NAME						
STREET ADDRESS	2600 OCEAN SHORE BD 1	04		3.3 STREET	T ADO	RESS				
CITY - ST - ZIP	ORMOND BEACH FL		=10.0.000	3.4 CITY-	SI - 2	IP .			705	
TITLE	D		_]DELETE	4 1 TITLE				Į.	Change	Addition
NAME	WHITE, JOAN	A 4107		4 2 NAME						
STREET ADDRESS	2600 OCEAN SHORE BLVI ORMOND BEACH FL	<i>y</i> # 10 <i>1</i>		4.3 STREET						
CITY - ST - ZIF?	VD CACH FL	<u>_</u>]DELETE	44 CITY-S 51 TITLE	ا∡- ا پ	<u> </u>			Change	Addition
NAME	OGLE, BILL	·		5.2 NAME				_	-	
STREET ADDRESS	2600 OCEAN SHORE BLVI). UNIT 210		53STREE	T ADE	ORESS				
CITY - ST - ZIP	ORMOND BEACH FL			5.4 CITY-:	ST-ZI	P				
TITLE]DELETE	6 1 TITLE					Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE						
CITY - ST - ZIP	and the that the information a!-	el udeb ebio 40.000 in i	uali interili. 6 imieti	6.4 CITY-			the exemption stated in Section 119.	07/31/P/ EIA	rida Statut	ac I further
14. Tuo nereb	, certi y that the information supplic	a with this bing is	volul nacily lufflishe	or and dot	SO IK	or doalina iot	the exemption stated in account 119.	or (o)(N), 130	offent on if	Control of the contro

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 certify 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:

Column A March Signature and Typed of Printed Name of Signand Office or Direction

1-16-95

904-441-611

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