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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:07

DOCUMENT # **761969** **(5)**

1. Corporation Name

WINDOVER OF WEST MELBOURNE CONDOMNIUM ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
402 HIGH POINT DR. P.O. BOX 3767 COCOA FL 32926-6621	402 HIGH POINT DR. P.O. BOX 3767 COCOA FL 32926-6621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2473984 ☐ 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. 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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

PEEPLES, JAMES W. III ESQ.
505 N. ORLANDO AVE.
COCOA BEACH FL 32931

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	11 TITLE	P D S T ☐ Change ☐ Addition
NAME	DIDOMENICO, PAT	12 NAME	DiDomenico, Pat
STREET ADDRESS	402 HIGH POINT DR.	13 STREET ADDRESS	402 High Point Dr.
CITY-ST-ZIP	COCOA FL	14 CITY-ST-ZIP	Cocoa,FL
TITLE	~~SD~~	21 TITLE	☐ Change ☐ Addition
NAME	~~HUTCHISON,SALLY A.~~	22 NAME	Delete All
STREET ADDRESS	~~402 HIGH POINT DR.~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~COCOA FL~~	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	KIRSCHENBAUM, MALCOLM R.	32 NAME	
STREET ADDRESS	402 HIGH POINT DR.	33 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MCDANIEL, LARRY	42 NAME	
STREET ADDRESS	402 HIGH POINT DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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)(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 added by an attachment with an address.

SIGNATURE: Patrick E. DiDomenico 3/6/95 407/632-4710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patrick E. DiDomenico, Pres.

0004873