

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra Hartfield  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JAN 30 AM 8:02

1. Name of Limited Partnership

1a. DOCUMENT #  
A13930

SUMMERWINDS APARTMENTS ASSOCIATES, LTD.

Mailing Address

Principal Office Address

3. Date Formed or Registered

01/27/83

5a. Capital Contributions as  
Shown on record

\$2,565,000

3a. Date of Last Report

03/06/96

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

FLORIDA

6. FEI Number

59-2246867

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2a. Principal Office Address

c/o JAMES W. SHINDELL, ESQ.

490 N.W. 165 STREET ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201 So. Biscayne Blvd., Ste 2400

City & State

City & State

Miami FLORIDA

MIAMI FLORIDA

Zip Country

Zip Country

33131 U.S.A.

33169 U.S.A.

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

KELLEY DRYE & WARREN LLP

c/o JAMES W. SHINDELL, ESQ.

201 SOUTH BISCAYNE BLVD., STE 2400

MIAMI, FLORIDA 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

SUMMERWINDS APARTMENTS REALTY CORP.

6431 COW PEN ROAD

MIAMI LAKES, FL 33014-6601

J39106

000002078370--0  
-02/05/97--01050--030  
\*\*\*\*576.25 \*\*\*\*576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SUMMERWINDS APARTMENTS REALTY CORP.

SIGNATURE By:

*John Hatfield*  
President

DATE 1/24/97

Typed or Printed Name of General Partner Signing Form

JOHN HATFIELD

Daytime Telephone Number 404/420-5601

CR2E003 (6/96)