

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-9171

800-342-8086



networks

PRESTICE HALL
LEGAL & FINANCIAL SERVICES

DIVISION OF CORPORATION

A95000001696

95 NOV 6 PM 1:53

ACCOUNT NO. : 072100000032

REFERENCE : 725241 5553A

AUTHORIZATION : *Patricia Poynt*

COST LIMIT : \$ 140.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV -6 PM 4:02

ORDER DATE : November 6, 1995

ORDER TIME : 10:17 AM

ORDER NO. : 725241

CUSTOMER NO: 5553A

900001629699

CUSTOMER: Ms. Patty Kingry
GARTNER BROCK & SIMON

Suite 203
1660 Prudential Drive
Jacksonville, FL 32207

DOMESTIC FILING

NAME: THE REGISTRY AT WINDSOR PARKE
LIMITED PARTNERSHIP

W95/11/6/95

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia E. Lott

EXAMINER'S INITIALS:

mk
11/6/95
DL

CERTIFICATE OF
LIMITED PARTNERSHIP
OF

THE REGISTRY AT WINDSOR PARKE LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership under the laws of the State of Florida, do hereby certify as follows:

1. The name of the limited partnership is THE REGISTRY AT WINDSOR PARKE LIMITED PARTNERSHIP.

2. The mailing address of the partnership is 4221 Baymeadows Road, Suite 10, Jacksonville, Florida 32217-4617.

3. The name and principal business address of the general partner of the partnership is Donald C. Fort, 4221 Baymeadows Road, Suite 10, Jacksonville, Florida 32217-4617.

4. The term for which the partnership shall exist shall commence on the date hereof and shall continue for thirty (30) years from such date, unless the partnership is sooner dissolved and terminated as provided by law or in the Agreement of Limited Partnership by which the partnership shall be governed.

5. The street address of the registered office for the partnership is 4221 Baymeadows Road, Suite 10, Jacksonville, Florida 32217-4617 and the name of the registered agent for service of process at that address is Donald C. Fort, who is joining in the execution hereof for the purpose of accepting the appointment as registered agent for service of process for the partnership.

IN WITNESS WHEREOF, the undersigned have executed this Certificate this 3 day of November, 1995.

General Partner:

By: 
Donald C. Fort

Registered Agent:


Donald C. Fort

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV - 5 PM 4:03

**AFFIDAVIT REGARDING
CAPITAL CONTRIBUTIONS**


BEFORE ME, the undersigned authority personally appeared Donald C. Fort, who being first duly sworn, declared as follows:

1. He is a general partner of The Registry at Windsor Parke Limited Partnership, a Florida limited partnership.

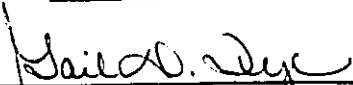
2. The capital contributions to said limited partnership as of the date hereof total \$100.00. It is anticipated that the limited partners will contribute an additional 100.00 to the partnership on or prior to December 31, 1995.

3. This Affidavit is given in compliance with the provisions of Florida Revised Uniform Limited Partnership Act (1986).

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.


Donald C. Fort

Sworn to and subscribed before me
this 3 day of November, 1995.


Print Name: _____
Notary Public, State of
Florida, at Large

My commission expires:



GAIL D. TYE
MY COMMISSION # CC423723 EXPIRES
January 28, 1998
BONDED THRU TROY FARM INSURANCE, INC.

Personally known ☒ OR Produced identification _____
Type of identification produced _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV - 6. PM 4: 03

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED

95 MAR 15 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001696

THE REGISTRY AT WINDSOR PARKE LIMITED PARTNERSHIP

Mailing Address

4221 BAYMEADOWS ROAD, SUITE 10
JACKSONVILLE FL 32217-4617

Principal Office Address

4221 BAYMEADOWS ROAD, SUITE 10
JACKSONVILLE FL 32217-4617

2. New Mailing Address, If Applicable

Suite, Apt. #, etc. **8705 Perimeter Park Blvd
Suite 8**

City, State & Zip
Jacksonville FL 32216

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc. **Same as above**

City, State & Zip
Same as above

3. Date Formed or Registered to Do Business in
FLORIDA
11/06/1995

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record
\$200.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEI Number

59-3326647

Applied For

Not Applicable

7. CERTIFICATE OF STATUS IS REQUIRED

\$4.75 Additional Fee required
for a Certificate of Status ☐

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

**FORT, DONALD C
4221 BAYMEADOWS ROAD, SUITE 10
JACKSONVILLE FL 32217-4617**

10. If changed, new Registered Agent/Office

Name **Fort, Donald C.**
Street Address (P.O. Box Number is Not Acceptable)
8705 Perimeter Park Blvd.,
Suite, Apt. #, etc. **#8**
City **Jacksonville** FL **32216**

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

FORT, DONALD C

**4221 BAYMEADOWS ROAD
8705 Perimeter Park
Suite #8**

**JACKSONVILLE FL 32216
Blvd Jacksonville, FL 32216**

**000001749360
-03/19/96--01141--003
****191.25 ****191.25**

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 any statement shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership and am empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Donald C. Fort

Telephone Number

**3/11/96
904/730-8801**

CR2E003 (1/95)