

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 27 AM 11:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # F93000003218 (5)**

1. Corporation Name

**WINDHAM ASSOCIATES, INC. OF FLORIDA**

Principal Place of Business

Mailing Address

**840 PERINTON HILLS OFFICE PARK  
P. O. BOX 7  
FAIRPORT NY 14450-0007  
US**

**840 PERINTON HILLS OFFICE PARK  
P. O. BOX 7  
FAIRPORT NY 14450-0007  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**06/28/1993**

3a. Date of Last Report

**07/12/1994**

4. FEI Number

**16-1265131**

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**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZUNDEL, ROBERT C JR.  
BOND, SCHOENECK & KING  
5355 TOWN CENTER RD., CROCKER PLAZA #1002  
BOCA RATON FL 33486**

**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

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                                       |
|-----------------|---------------------------------------|
| TITLE           | <b>DP</b>                             |
| NAME            | <b>DAVITT, MARK E</b>                 |
| STREET ADDRESS  | <b>840 PERINTON HILLS OFFICE PARK</b> |
| CITY - ST - ZIP | <b>FAIRPORT NY</b>                    |
| TITLE           | <b>D</b>                              |
| NAME            | <b>DAVITT, MAUREEN T</b>              |
| STREET ADDRESS  | <b>840 PERINTON HILLS OFFICE PARK</b> |
| CITY - ST - ZIP | <b>FAIRPORT NY</b>                    |
| TITLE           | <b>DS</b>                             |
| NAME            | <b>SHEEHAN, EDWARD M JR.</b>          |
| STREET ADDRESS  | <b>840 PERINTON HILLS OFFICE PARK</b> |
| CITY - ST - ZIP | <b>FAIRPORT NY</b>                    |
| TITLE           |                                       |
| NAME            |                                       |
| STREET ADDRESS  |                                       |
| CITY - ST - ZIP |                                       |
| TITLE           |                                       |
| NAME            |                                       |
| STREET ADDRESS  |                                       |
| CITY - ST - ZIP |                                       |
| TITLE           |                                       |
| NAME            |                                       |
| STREET ADDRESS  |                                       |
| CITY - ST - ZIP |                                       |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME             |                                                                   |
| 3. STREET ADDRESS   |                                                                   |
| 4. CITY - ST - ZIP  |                                                                   |
| 5. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME             |                                                                   |
| 7. STREET ADDRESS   |                                                                   |
| 8. CITY - ST - ZIP  |                                                                   |
| 9. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME            |                                                                   |
| 11. STREET ADDRESS  |                                                                   |
| 12. CITY - ST - ZIP |                                                                   |
| 13. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME            |                                                                   |
| 15. STREET ADDRESS  |                                                                   |
| 16. 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)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or (Block 13) changes, or on an attachment with an address.

SIGNATURE:

*Mark E. Davitt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARK E. DAVITT**

*1/18/95*  
Date

*716-421-1000*  
Telephone Number