

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000006429 (4)

1. Corporation Name

WINDSOR AT SABAL WALK INVESTORS CORPORATION

Principal Place of Business

600 ATLANTIC AVE.  
SUITE 2000  
BOSTON MA 02210

Mailing Address

600 ATLANTIC AVE.  
SUITE 2000  
BOSTON MA 02210



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
12/16/1994	05/01/1995
4. FEI Number	Applied For
04-3257715	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VO
NAME	MURDY, WILLIAM F	1.2 NAME	Dewitt, Robert E.
STREET ADDRESS	600 ATLANTIC AVE.	1.3 STREET ADDRESS	600 Atlantic Ave.
CITY-ST-ZIP	BOSTON MA 02210	1.4 CITY-ST-ZIP	Boston, MA 02210
TITLE	VD	2.1 TITLE	TD
NAME	COSTANTINI, VINCENT J	2.2 NAME	Wyrwicz, Stanley B.
STREET ADDRESS	600 ATLANTIC AVE.	2.3 STREET ADDRESS	600 Atlantic Ave.
CITY-ST-ZIP	BOSTON MA 02210	2.4 CITY-ST-ZIP	Boston, MA 02210
TITLE	S	3.1 TITLE	
NAME	JOHNSON, STUART R	3.2 NAME	
STREET ADDRESS	600 ATLANTIC AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	WYRWICZ, STANLEY A	4.2 NAME	
STREET ADDRESS	600 ATLANTIC AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Stanley B. Wyrwicz, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

(617) 973-9680

Telephone #

CR2E034 (12/95)