FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400006429 (4)

WINDSOR AT SABAL WALK INVESTORS CORPORATION

Principal Place of Business Mailing Addross									e immind nish thati minis maisi maisi	TRIII BAILL BB	118 Einte E184E	11919 1911]	
600 ATLANTIC AVE. SUITE 2000 BOSTON MA 02210			Si	600 ATLANTIC AVE. SUITE 2000 BOSTON MA 02210					DO NOT WRITE IN THIS SPACE					
									3. Date Incorporated or Qualified	J				
									12/16/1994					
2. Principal Pl	lace of Busin	ness	├ ─¬	2a. Mailing Address					4. FEI Number			Applied For		
21	0 -24-			26 Suite Apt # etc					04 <u>-32</u> 57715				plicable	
Suite, Apt. (#, OC.		⊢ ·η	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75) Additi Require		
City & State	_		27	City & State					€ Floation Compaign Financing					
23	-		⊢ – ¬	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip Country				Zip Coun			,	t	8. This corporation owes or has p	paid the cu	 			
24	25			9 30				Personal Property Tax due			une 30. Yes No			
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent					
TH	E PRENTIC	CE-HALL CORPORA	TION SYST	TEM, INC.		81	Name							
1201 HAYS ST.				To			Street	Address	s (P.O. Box Number is Not Accept	able)				
SUITE 105														
TAI	LLAHASSE	E FL 32301				83								
						84	City				85 Zij	p Code	,	
						<u> </u>	<u> </u>			FL	-			
office or re	egi st ered ac	gent, or both, in the Sta	ate of Flonda	a. Such change wa	is authorizo	d by	y the corp	corpora poration	ation submits this statement for the 's board of directors. I hereby acc	purpose c ept the ap	ar changing pointment a	i its reg is regis	isterea stered	
agent. 1 ar	m ila miliar wi	ith, and accept the ob	ligations of,	Section 607.0505,	Florida Sta	tute	s.							
SIGNATURE	Over 1	for printed name of registi red			Off Decision	d An	and contrate so	and read o	vhen reinstating)	DATE				
12,	Signature types	OFFICE HS /			13.	o Age	ent alginature		ADDITIONS/CHANGES TO OFF		D DIRECTO	ORS IN	12	
TITLE	PD			DELETE	1.1 T	ITLE		Ī			Change		Addition	
NAME		, WILLIAM F						1						
STREET ADDRESS 600 ATLANTIC AVE.					1.3 5	TREET	ADDRESS							
CITY-ST-ZIP BOSTON MA 02210				1.4 0			ST-ZIP							
TITLE	TD			DELETE	2.1 T	ITLE					Change		Addition	
NAME	WYRWI	CZ, STANLEY B			2.2 N	AME								
STREET ADDRESS	8 00 AT	LANTIC AVE.		2.33			2.3 STREET ADDRESS							
CITY-ST-ZIP	BOSTO	N MA			2. 4 (CITY-:	ST-ZIP		• •	•••				
TITLE	8			☐ DELETE	3.1 T	ITLE		VD			M Change	, 🗆	Addition	
NAME		on, stuart r			3.2 N	AME								
STREET ADDRESS		LANTIC AVE.			3.3 9	TREET	ADDRESS							
CITY-ST-ZIP		N MA 02210			3.4.	CITY	ST-ZIP							
TITLE	VD			☐ DELETÉ	. 4 ,1 T	TLE		90			K Change	; LJ	Addition	
NAME		r, robert e			4. 2	NAME								
STREET ADDRESS 600 ATLANTIC AVE					4.3 STREET ADORESS									
CITY-ST-ZIP	BOSTO	N MA					S1-ZIP				T 0:		A T 1851	
TITLE				DELETE	5.1 T	ITLE		<u>S</u> .			☐ Change	; 2 54	Addition	
NAME					5.2 NAME			Kc	bert a tarringto	いしっつい	;			
STREET ADDRESS							ADDRESS	600	bert 5 Farringto Atlantic Ave. Ston, MA		_			
CITY-ST-ZIP				The section			ST-ZIP	Ro	ston, ma c	1551	<u>Q</u>		A 44 27	
TITLE				DELETE	6.1 1						L Change	: ப	Addition	
NAME .					6.2 N									
STREET ADDRESS					6.3 5	THEET	ADDRESS	1					ļ	

14. Thereby certify that the information supplied with this filing 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 logal 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 on an attachment with an address.

6.4 CITY-ST-ZIP

FILED Apr 22 1998 8:00am Secretary of State

