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

PROFIT CORPORATION . ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9800000560

1. Corporation Name

WINDSOR RESIDENTIAL HARBORTOWN, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90106 034 ***150.00



Principal Place of Business			Mailing Address				, , , , , , , , , , , , , , , , , , , ,	1(1) 48 1 9 1			
4144 NORTH CENTRAL EXPRESSWAY, STE 1200 DALLAS TX 75204			4144 NORTH CENTRAL EXPRESSWAY, STE 1200 DALLAS TX 75204			TE 1200	DO NOT WRITE IN THIS SPACE				
•							3. Date Incorporated or Qualifed 01/30/1998				
Principal Place of Business 2a			. Mailing Address				4. FEI Number A			ied For	
21			26				75-2743696	75-2743696		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 A			- 1	
22			27					Fe	e Req	uired	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23			28				Trust Fund Contribution		led to	Fees	
Zip	Country	Щ	Zip	_ Coun ⊐	itry		8. This corporation owes the current year Inta		-	7810	
24	25	29	30)			Personal Property Tax. 10. Name and Address of New Registered A	Yes	ι.	No .	
· · ·	9. Name and Address of Current I	Regis	stered Agent		81	Name	10. Name and Address of New Registered	.yent			
NRAI SERVICES, INC.				[۱,	1141116					
526 E PARK AVENUE				[82	Street Addr	ress (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301				}	83		·			-	
INCL	ATROCE TE OZOOT										
		٠.		[84	City	FL	85	Zip Co	ode	
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statutes,	the ab	ove	named corp	poration submits this statement for the purpose of	changin	g its re	egistered	
office or re agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligatio	rioni ns of	da, Such change was auth , Section 607.0505, Florida	onzed s Statut	by ເ ໄes.	ne corporauc	on's board of directors. I hereby accept the appoin	unent o	is regi	siciod	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					gistered Agent signature require			D CIDE	CTOF	C IN 12	
12.	OFFICERS AND DIRECTORS DELETE			13.			ADDITIONS/CHANGES TO OFFICERS AN	Cha		Addition	
TITLE	P		☐ DELETE	1.1 TITL		İ			ige		
NAME	1,				1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRESS	4144 N CENTRAL EXPWY STE 1	200									
CITY-ST-ZIP	DALLAS TX		☐ DELETE	1.4 CITY		·ZIP		Cha	nge	Addition	
TITLE	VS		☐ nereie	2.1 TITL					igo		
NAME	ROGERS, NANCY				2.2 NAME						
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •				2.3 STREET ADDRESS		·				
CITY-ST-ZIP	DALLAS TX				Y-ST	-ZIP		Cha	nge	Addition	
TITLE	ADMETDONIC MICHAEL I		LI OCLETE	3.1 TTT. 3.2 NAA			•		-9"	J	
NAME	ARMSTRONG, MICHAEL L s 4144 N CENTRAL EXPWY STE 1200				3.3 STREET ADDRESS					\	
STREET ADDRESS	DALLAS TX	CUU		3.4. CIT							
CITY-ST-ZIP TITLE	V V		DELETE	4.1 TITL	~~	-417		☐ Cha	nge	Addition	
NAME	DEAL, LANCE			4. 2 NAI					-	}	
STREET ADDRESS	4144 N CENTRAL EXPWY STE 1:	200				ADDRESS					
CITY-ST-ZIP	DALLAS TX	LUU		4.4 CIT							
TITLE	V		☐ DELETE	5.1 TITL		me!		☐ Cha	nge	Addition	
NAME	HENDERSON, JOHN J		_	5.2 NAA							
STREET ADDRESS	4144 N CENTRAL EXPWY STE 1	200		5.3 STR	EET	ADDRESS					
CITY-ST-ZIP	DALLAS TX			5.4 CITY	Y-ST-	- ZIP					
TITLE	V		DELETE	6.1 TITL	E			Cha		Addition	
NAME	FISHER, LYNDA			6.2 NAN	Æ			٠,	4		
STREET ADDRESS	4144 N CENTRAL EXPWY STE 1	200		6.3 STR	REET	ADDRESS	•				
	THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRE					1					

14. I hereby 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

214-828-45-00 Daytime Phone #