

2002 UNIFORM BUSINESS REPORT (UBR)

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0617629 AT

DOCUMENT # F98000001905

1. Entity Name
WINDSOR AT LAKEPOINTE INVESTORS CORPORATION

FILED

02 APR 23 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% GENERAL INVESTMENT & DEVELOPMENT CO.
600 ATLANTIC AVENUE, SUITE 2000
BOSTON MA 02210

Mailing Address
% GENERAL INVESTMENT & DEVELOPMENT CO.
600 ATLANTIC AVENUE, SUITE 2000
BOSTON MA 02210

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 65-0830701
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEWITT, ROBERT E 600 ATLANTIC AVENUE, SUITE 2000 BOSTON MA 02210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS JOHNSON, STUART R 600 ATLANTIC AVENUE, SUITE 2000 BOSTON MA 02210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARRINGTON, ROBERT S JR 600 ATLANTIC AVENUE, SUITE 2000 BOSTON MA 02210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHORTSLEEVE, CATHERINE F 600 ATLANTIC AVENUE, SUITE 2000 BOSTON MA 02210 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALLACE, W. G 600 ATLANTIC AVENUE, SUITE 2000 BOSTON MA 02210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WYRWICZ, STANLEY B 600 ATLANTIC AVENUE, SUITE 2000 BOSTON MA 02210 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Peter S. Martin 600 Atlantic Avenue, Suite 2000 Boston, MA 02210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000005315850 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 617-973-9880
Date Daytime Phone #

CR2E034 (9/01)



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ACCOUNT NO. : 0721000000032

REFERENCE : 518563 4383898
Patricia Piquet

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : April 9, 2002

ORDER TIME : 2:17 PM

ORDER NO. : 518563-170

CUSTOMER NO: 4383898

CUSTOMER: Ms. Kit Kelly
General Investment &
Suite 2000
600 Atlantic Avenue
Boston, MA 02210

ANNUAL REPORT FILING

NAME: WINDSOR AT LAKEPOINTE
INVESTORS CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
TALLAHASSEE, FL 32309
817-510-5000
DEPARTMENT OF STATE
EXAMINER'S INITIALS: _____

02 APR 22 PM 3:22

RECEIVED