

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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90133 029 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F98000005397**

1. Corporation Name  
**WINDSOR AT CAROLINA INVESTORS CORPORATION**



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/25/1998</b>	
4. FEI Number <b>APPLIED FOR 65-0866238</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	DEWITT, ROBERT E
STREET ADDRESS	600 ATLANTIC AVENUE, SUITE 2000
CITY-ST-ZIP	BOSTON MA 02210
TITLE	VD <input type="checkbox"/> DELETE
NAME	JOHNSON, STUART R
STREET ADDRESS	600 ATLANTIC AVENUE, SUITE 2000
CITY-ST-ZIP	BOSTON MA 02210
TITLE	V <input type="checkbox"/> DELETE
NAME	HENRY, SEAN P
STREET ADDRESS	600 ATLANTIC AVENUE, SUITE 2000
CITY-ST-ZIP	BOSTON MA 02210
TITLE	V <input type="checkbox"/> DELETE
NAME	ROBERTS, WILLIAM H
STREET ADDRESS	600 ATLANTIC AVENUE, SUITE 2000
CITY-ST-ZIP	BOSTON MA 02210
TITLE	VAS <input type="checkbox"/> DELETE
NAME	SHORTSLEEVE, CATHERINE F
STREET ADDRESS	600 ATLANTIC AVENUE, SUITE 2000
CITY-ST-ZIP	BOSTON MA 02210
TITLE	V <input type="checkbox"/> DELETE
NAME	WALLACE, W. G
STREET ADDRESS	600 ATLANTIC AVENUE, SUITE 2000
CITY-ST-ZIP	BOSTON MA 02210

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TD Stanley B. Dwyer
1.3 STREET ADDRESS	600 Atlantic Avenue, Suite 2000
1.4 CITY-ST-ZIP	Boston, MA 02210
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Stanley B. Dwyer Date: 3/1/99 Daytime Phone #: 617-923-9680

CR2E034 (11/98)