

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 # G76921 (7)
1. Corporation Name
WINDWARD PASSAGE DEVELOPMENT CORPORATION



Principal Place of Business
**414 CRESCENT STREET
FT MYERS BEACH FL 33931**

Mailing Address
**414 CRESCENT STREET
FT MYERS BEACH FL 33931**

3. Date Incorporated or Qualified **12/30/1983** 3a. Date of Last Report **01/25/1995**

4. FEI Number **58-1607514** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 [] 2a. Mailing Address
26 []

22 [] Suite, Apt. #, etc. 27 [] Suite, Apt. #, etc.

23 [] City & State 28 [] City & State

24 [] Zip 25 [] Country 29 [] Zip 30 [] Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARNBERG, CHRIS
414 CRESCENT STREET
FT MYERS BEACH FL 33931**

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 registering)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE **P**
NAME **STREIT, EDWARD F.**
STREET ADDRESS **2000 W. GALENA BLVD., 3RD FLOOR**
CITY-ST-ZIP **AURORA IL 60506**

TITLE **ST** DELETE
NAME **ARNBERG, CHRIS**
STREET ADDRESS **414 CRESCENT STREET**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

TITLE **V** DELETE
NAME **KREUSER, WILLIAM**
STREET ADDRESS **414 CRESCENT STREET**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2. TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3. TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4. TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5. TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6. TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 on an attachment with an address.

SIGNATURE:

Edward Streit
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96
DATE

Daytime Phone #

CR2E034 (12/95)