

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H30251** (3)

1. Corporation Name

WINDSOR WALK DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

**C/O DUDLEY OMURA
11911 U.S. HWY 1, STE 207
N PALM BEACH FL 33408-9897**

**C/O DUDLEY OMURA
11911 U.S. HWY 1, STE 207
N PALM BEACH FL 33408-9897**

3. Date Incorporated or Qualified
11/16/1984

3a. Date of Last Report
06/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2644763

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OMURA, DUDLEY
11911 U.S. HWY 1,
N PALM BEACH FL 33408-9897**

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, 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]

Dudley Omura

2/28/96

Signature, typed or printed name of registered agent and date it acceptable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	OMURA, DUDLEY	
STREET ADDRESS	11911 U.S. HWY 1, STE 207	
CITY - ST - ZIP	N PALM BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	OMURA, MARILYN K.	
STREET ADDRESS	11911 U.S. HWY 1, STE 207	
CITY - ST - ZIP	N PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WISE, JOE	
STREET ADDRESS	400 QUADANT RD.	
CITY - ST - ZIP	N PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WISE, BOBBIE	
STREET ADDRESS	400 QUADANT RD	
CITY - ST - ZIP	N PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dudley Omura

DATE

2/28/96

Daytime Phone #

626-1133

CR2E034 (12/95)