

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

98 JUN -5 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H30251

(3)

1. Corporation Name

WINDSOR WALK DEVELOPMENT, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Name and Address of Current Registered Agent

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

REINSTATEMENT

97-98
AD

3. Date Incorporated or Qualified

11/16/1984

3a. Date of Last Report

03/01/1996

4. FEI Number

59-2644763

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

DUDLEY OMURA

(NOTE: Registered Agents are required when reinstating)

DATE

5/15/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME OMURA, DUDLEY
STREET ADDRESS 11911 U.S. HWY 1, STE 207
CITY-ST-ZIP N PALM BEACH FL

☐ DELETE

TITLE DST
NAME OMURA, MARILYN K.
STREET ADDRESS 11911 U.S. HWY 1, STE 207
CITY-ST-ZIP N PALM BEACH FL

☐ DELETE

TITLE D
NAME WISE, JOE
STREET ADDRESS 400 QUADANT RD.
CITY-ST-ZIP N PALM BEACH FL

☐ DELETE

TITLE D
NAME WISE, BOBBIE
STREET ADDRESS 400 QUADANT RD
CITY-ST-ZIP N PALM BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

900002557379--2
-06/11/98--01087--014
****900.00 ****900.00

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 in change of an attachment with an address

SIGNATURE

DUDLEY OMURA

4/15/98 1540616-1132

CR2E034 (4/97)