

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

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Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90014 021 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J39106

1. Corporation Name:

SUMMERWINDS APARTMENTS REALTY CORP.

Principal Place of Business	Mailing Address
c/o Marco Realty & MGMT.CO. 6431 Cow Pen Road Miami Lakes, FL 33014-6601	c/o Insignia MGMT. Group, L.P. 2300 Glades Rd. Ste.430 West Boca Raton, FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/23/1986
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2735788
24 Country	29 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

Kelly Drye & Warren LLP
Attn: James Shindell
201 S. Biscayne Blvd. Ste. 2400
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name	James W. Shindell, P.A., a Florida corporation
82 Street Address (P.O. Box Number is Not Acceptable)	c/o Bilzin Sumberg Dunn Price & Axelrod LLP
83 City	200 S. Biscayne Blvd., Suite 2500
84 City	Miami, FL
85 Zip Code	33131

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Comart, Martin	
STREET ADDRESS	6431 Cow Pen Road	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Meltzer, Oded	
STREET ADDRESS	6431 Cow Pen Road	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Hatfield, John	
STREET ADDRESS	285 Peachtree Center Ave. Ste.2300	
CITY-ST-ZIP	Atlanta, GA 30303	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	Meylor, Edward J	
STREET ADDRESS	200 Vesey 12th Floor	
CITY-ST-ZIP	New York, NY 10285	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	Kelly, Jeffrey	
STREET ADDRESS	2300 Glades Road, Suite 430	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Willis, Joy	
STREET ADDRESS	285 Peachtree Center Ave., Ste. 2300	
CITY-ST-ZIP	Atlanta, GA 30303	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

539106
597579-90014-21

ADDENDUM TO 1999 CORPORATION ANNUAL REPORT

SUMMERWINDS APARTMENTS REALTY CORP.

Officers and Directors

TD
Kistel, Daniel
2300 Glades Road, Suite 430 West
Boca Raton, FL 33431