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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

J57526 **DOCUMENT #** 

(2)

WINDWARD ASSOCIATES, INC.

Principal Place of Business	Mailing Address

10332 NW 2ND COURT PLANTATION FL 33324

10332 NW 2ND COURT PLANTATION FL 33324

				3. Date incorporated or Qualified 02/13/1987	3a. Date of Last Report 05/01/1995	
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For	
H		26		59-2802801	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zιρ	Country	8. This corporation has liability for i	intangible tax under s. 199.032,	
24	25	29	30	Florida Statutes 🔏 Yes	□No	
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New R	egistered Agent	
KNAPP, WALTER J. 10332 NW 2ND COURT			<ul><li>81 Name</li><li>82 Street A</li></ul>			
	TION FL 33324		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. Thereby 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 harms of registrated a profite of title.	dappleace (NOD)	E. Registere I Agent signature required	wher renstating: DATE		
12,	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1 1 TifleE	☐ Change ☐ Addition		
NAME	KNAPP, WALTER J.		1.2 NAME			
STREET ADDRESS	10332 NW 2ND COURT		1.3 STREET ADORESS			
CITY-ST-ZIP	PLANTATION FL		1.4 Cilly - S1 - ZIP			
TITLE		DELETE	2 1 TITLE	Change Addition		
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY - ST - ZiP			
TITLE		☐ DELETE	3 1 1 ITLE	☐ Change ☐ Addition		
NAME			3.2 NAMÉ			
STREET ADDRESS			3.3 STREE! ADDRESS			
CITY-ST-ZIP			3 4 CITY - ST - ZIP			
TITLE		☐ DELETE	4 1 TITLE	Change Addition		
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY ST - ZIP			4.4 CITY - ST - ZIF			
TITLE		☐ DELE1E	5 1 TiTLE	☐ Change ☐ Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-SE-ZIP			5.4 CITY - ST - ZIP			
THTLE		☐ DELETE	6 1 TITLE	Change Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 on an attachment with an address

6 4 CITY - ST - ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR