SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98 $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N01994 (5)

1. Corporation Name

WINDSOR PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 423 TALLAHASSEE FL 32301-0423	P.O. BOX 423 TALLAHASSEE FL 32301-0423

3. Date Incorporated or Qualified: 03/16/1984
4. FEI Number: 59-2877873 — [ ] 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
7. Is this nonprofit corporation a homeowners association? [X] Yes [ ] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country

26 Suite, Apt. #, etc.	27 City & State	28 Zip	29 Country

9. Name and Address of Current Registered Agent

GAMMON, WILLIAM C
%3333 APALACHEE PARKWAY
TALLAHASSEE FL 32311

Delete

10. Name and Address of New Registered Agent

81 Name: William C. Gammon
82 Street Address (P.O. Box Number is Not Acceptable): 133 Dawn Lauren Lane
83
84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: William C. Gammon President 9/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	GAMMON, WILLIAM C		1.2 NAME	
STREET ADDRESS	133 DAWN LAUREN LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301		1.4 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	2.1 TITLE	VD [✓] Change [ ] Addition
NAME	MOYER, BETH		2.2 NAME	MOYER, BETH
STREET ADDRESS	131 DAWN LAUREN LANE		2.3 STREET ADDRESS	131 DAWN LAUREN LANE
CITY-ST-ZIP	TALLAHASSEE FL 32301		2.4 CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	TD	[X] DELETE	3.1 TITLE	D [ ] Change [X] Addition
NAME	TURLEY, LYN		3.2 NAME	GORDON, BARNEY
STREET ADDRESS	171 DAWN LAUREN LANE		3.3 STREET ADDRESS	169 DAWN LAUREN LANE
CITY-ST-ZIP	TALLAHASSEE FL 32301		3.4 CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	SD	[X] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	MCWADE-MURRAY, MARLYNN		4.2 NAME	
STREET ADDRESS	179 DAWN LAURE LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301		4.4 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	FRALICK, CHERYL		5.2 NAME	
STREET ADDRESS	108 DAWN LAUREN LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301		5.4 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME	SMITH, REX		6.2 NAME	
STREET ADDRESS	163 DAWN LAUREN LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301		6.4 CITY-ST-ZIP	

CR2E037 (5/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William C Gammon 9/20/98 850 877-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #