

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 13 PM 3:07**

**DOCUMENT # N10664 (3)**

1. Corporation Name

**WINDOVER OAKS CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>08/13/1985</b>                                                                                                         | 3a. Date of Last Report<br><b>04/18/1994</b>                                       |
| 4. FBI Number<br><b>59-2574167</b>                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | <b>\$8.75 Additional Fee Required</b>                                              |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | <b>\$5.00 May Be Added to Fees</b>                                                 |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status<br><input type="checkbox"/>                                                                               | <b>\$68.75 Supplemental Fee Not Required</b>                                       |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                    |

|                                                     |                     |                                                     |         |
|-----------------------------------------------------|---------------------|-----------------------------------------------------|---------|
| Principal Place of Business                         |                     | Mailing Address                                     |         |
| <b>402 HIGH POINT DRIVE<br/>COCOA FL 32926-6621</b> |                     | <b>402 HIGH POINT DRIVE<br/>COCOA FL 32926-6621</b> |         |
| 2. Principal Place of Business                      | 2a. Mailing Address |                                                     |         |
| 21                                                  | 26                  |                                                     |         |
| Suite, Apt. #, etc.                                 |                     | Suite, Apt. #, etc.                                 |         |
| 22                                                  | 27                  |                                                     |         |
| City & State                                        |                     | City & State                                        |         |
| 23                                                  | 28                  |                                                     |         |
| Zip                                                 | Country             | Zip                                                 | Country |
| 24                                                  | 25                  | 29                                                  | 30      |

**9. Name and Address of Current Registered Agent**

**PEEPLES, JAMES W III  
505 N ORLANDO AVE  
COCOA BEACH FL 32931**

**10. Name and Address of New Registered Agent**

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | <b>FL</b>   |
|                                                       | 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. 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 |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | DPST                    | 11 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DIDOMENICO, PAT         | 12 NAME                                               |                                                                   |
| STREET ADDRESS             | 402 HIGH POINT DRIVE    | 13 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            | COCOA FL                | 14 CITY - ST - ZIP                                    |                                                                   |
| TITLE                      | VD                      | 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KIRSCHENBAUM, MALCOLM R | 22 NAME                                               |                                                                   |
| STREET ADDRESS             | 402 HIGH POINT DRIVE    | 23 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            | COCOA FL                | 24 CITY - ST - ZIP                                    |                                                                   |
| TITLE                      | D                       | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCDANIEL, LARRY         | 32 NAME                                               |                                                                   |
| STREET ADDRESS             | 402 HIGHPOINT DR        | 33 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            | COCOA FL                | 34 CITY - ST - ZIP                                    |                                                                   |
| TITLE                      |                         | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 42 NAME                                               |                                                                   |
| STREET ADDRESS             |                         | 43 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            |                         | 44 CITY - ST - ZIP                                    |                                                                   |
| TITLE                      |                         | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 52 NAME                                               |                                                                   |
| STREET ADDRESS             |                         | 53 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            |                         | 54 CITY - ST - ZIP                                    |                                                                   |
| TITLE                      |                         | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 62 NAME                                               |                                                                   |
| STREET ADDRESS             |                         | 63 STREET ADDRESS                                     |                                                                   |
| CITY - ST - ZIP            |                         | 64 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 110.07(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; that I am a 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 do not attach with an addressee.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patrick E. Di Domenico, Sec.**

**3/6/95**

Date

**407/632-4710**

Daytime Phone #