

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N50655** (2)

1. Corporation Name

**RESIDENT INITIATIVE COUNCIL OF WINDSOR APARTMENT
S, INC.**

Principal Place of Business

Mailing Address

**524 SOUTH BEACH STREET
#B
DAYTONA BEACH FL 32114**

**524 SOUTH BEACH STREET
#B
DAYTONA BEACH FL 32114**



3. Date Incorporated or Qualified

08/31/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

NOT APPLICABLE

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CRAGEN, DOROTHEA
524 SOUTH BEACH ST.
#B
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81

Name **Lois Rosado, President**

82

Street Address (P.O. Box Number is Not Acceptable)
524 S. Beach St. #1012

83

84

City **Daytona Beach,**

FL

85 Zip Code
32114

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

Lois Rosado
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

NAME

STREET ADDRESS

CITY - ST - ZIP

**DP
ROSADO, LOIS
524 SOUTH BEACH ST, #1010
DAYTONA BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VP
SUMERSON, ROGER
524 S BEACH ST 311
DAYTONA BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DS
CRAGEN, DOROTHEA
524 SOUTH BEACH ST, #1001
DAYTONA BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DT
GIRT, LAURA
524 SOUTH BEACH ST, #412
DAYTONA BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PAR
JONES, DAVID
524 BEACH ST, #911
DAYTONA BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
DEROCHA, BEVERLY
524 SOUTH BEACH ST. #G
DAYTONA BEACH FL**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**President/Director
Lois Rosado**

☒ Change ☐ Addition

**524 S. Beach St. #1012
Daytona Beach, FL 32114**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**Vice President/Director
Betty Flannigan
524 S. Beach St. #1212
Daytona Beach, FL 32114**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**Treasurer/Director
Laura Girt
524 S. Beach St. #412
Daytona Beach, FL 32114**

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**Parliamentarian
David Jones
524 S. Beach St. #610
Daytona Beach, FL 32114**

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

SIGNATURE: *Lois Rosado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/96
Date

904-252-2490
Daytime Phone #

CR2E037 (3/96)