

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000008905 (1)

1. Corporation Name

WINDSONG APARTMENTS, INC.



Principal Place of Business

Mailing Address

% HARLEY PROPERTY INVESTORS INC
4625 MT PLEASANT RD
VILLANOVA PA 19085

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4625 MT PLEASANT RD
VILLANOVA PA 19085

3. Date Incorporated or Qualified
12/02/1992

3a. Date of Last Report
03/14/1995

4. FEI Number

59-3153594

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

2a. Mailing Address

21 290 King of Prussia Rd
Suite, Apt. #, etc.

26 290 King of Prussia Rd
Suite, Apt. #, etc.

22 Bldg. 2, Suite 122
City & State

27 Bldg. 2, Suite 122
City & State

23 Radnor, PA

28 Radnor, PA

24 19087-5111

25 Country

29 19087-5111

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMETZER, BONNIE
JACKSON MANAGEMENT GROUP
2174 HARRIS AVE., N.E.
PALM BAY FL 32905

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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. 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 filer of application)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE
NAME KIRWIN, JOHN P III
STREET ADDRESS 485 DEVON PARK DRIVE STE 117
CITY-ST-ZIP WAYNE PA

TITLE PD ☐ DELETE
NAME HARLEY, EDWIN W
STREET ADDRESS 1625 MT PLEASANT ROAD
CITY-ST-ZIP VILLANOVA PA 19085

TITLE VT ☐ DELETE
NAME GINSBERG, IRA
STREET ADDRESS 1625 MT PLEASANT ROAD
CITY-ST-ZIP VILLANOVA PA 19085

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 950 W. Valley Rd, Ste 2902
1.4 CITY-ST-ZIP Wayne PA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 appears in block 12 or block 13, unchanged, on an attachment with an address.

SIGNATURE: *Edwin W. Harley* EDWIN W. HARLEY 1/31/96 610.293-9350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)