

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 08/15/99: \$500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000008905

1. Corporation Name

WINDSONG APARTMENTS, INC.

Principal Place of Business

280 KING OF PRUSSIA RD
BLDG 2, SUITE 122
RADNOR PA 19087-5111
US

Mailing Address

280 KING OF PRUSSIA RD
BLDG 2, SUITE 122
RADNOR PA 19087-5111
US

FILED

99 SEP 13 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1992

4. FBI Number

50-3153504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

32905

2. Principal Place of Business

21. Subo. Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Mailing Address

26. Subo. Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

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

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 date if applicable

(NOTE: Registered Agent signature required when retreating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 if changed, or on an attachment with an address.

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