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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

DOCUMENT # P94000025351 (5)

WINDHAM GROUP INC.

(INACTIVE)

Principal Office Address: 314 5TH AVE. SOUTH SUITE 322 NAPLES FL 33940
Mailing Address: 314 5TH AVE. SOUTH SUITE 322 NAPLES FL 33940

21. Principal Office City, State, and ZIP Code: NAPLES FL 33940
22. Mailing Office City, State, and ZIP Code: 314 5TH AVE SUITE 322 NAPLES FL 33940
23. State: FL U.S.
24. City, State, and ZIP Code: 33940 U.S.
25. State: U.S.
26. Mailing Office City, State, and ZIP Code: 314 5TH AV. S. SUITE 322 NAPLES FL
27. Mailing Office City, State, and ZIP Code: SUITE 322 NAPLES FL
28. State: FL U.S.
29. City, State, and ZIP Code: 33940 U.S.
30. State: U.S.

3. Date of Incorporation or Organization: 04/01/1994
3a. Date of Last Report: [Blank]
4. FE Number: 65-0516007
5. Certificate of Status Document: [Blank] \$8.75 Additional Fee Required
6. Election Campaign Finance and Trust Fund Contributions: [Blank] \$5.00 May Be Added to Fees
7. Foreign Corporation: [Blank]
8. Church Statutes: [Blank]

9. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent: [Blank]

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

12. OFFICERS AND DIRECTORS:
PRESIDENT/CEO: JOHN MACFARLANE 314 5TH AV S. STE 322 NAPLES FL 33940 V.P. CHRISTINA CAVRILAS 314 5TH AV S. STE 322 NAPLES FL 33940

13. AUTHORIZED SIGNERS:
[Table with columns for Name, Title, and Signature]

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

SIGNATURE: JOHN MACFARLANE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOHN MACFARLANE

2/15/95 813-649-5364