

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

**APPROVED
AND
FILED**

95 JUN 26 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000082983 (5)

1. Corporation Name

WINDSOR GLEN, INC.

Principal Place of Business

**4509 N.W. 23RD AVE.
SUITE 16
GAINESVILLE FL 32608**

Mailing Address

**4509 N.W. 23RD AVE.
SUITE 16
GAINESVILLE FL 32608**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3280533

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLACE, HOWARD K
4509 NW 23RD AVE.
#16
GAINESVILLE FL 32608**

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 fee if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
WALLACE, HOWARD K
4509 N.W. 23RD AVE., SUITE 16
GAINESVILLE FL 32608**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
WALLACE, ANNE M
4509 N.W. 23RD AVE., SUITE 16
GAINESVILLE FL 32608**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
SPAIN, THOMAS C
2321 N.W. 41ST ST., SUITE A-2
GAINESVILLE FL 32608**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
SPAIN, SUSAN B
2321 N.W. 41ST ST., SUITE A-2
GAINESVILLE FL 32608**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D, P

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

D, V, S, T

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

D, V

☐ Change

☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

D, V

☐ Change

☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

REMITTED BY MAY 1

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

455 6/24/95

☐ Change

☐ Addition

\$ Deposited by Bank

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

SIGNATURE: **Anne M. Wallace**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anne M. Wallace

DATE

4/26/95

TELEPHONE

904-377-2240