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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32606

Mailing Address

4509 N.W. 23RD AVE.
SUITE 16
GAINESVILLE FL 32606-6570



3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLACE, HOWARD K JR.
ROUTE 2, BOX 2154
MELROSE FL 32666

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
8021 NE 221 Street

83

84 City
Melrose

FL 85 Zip Code
32666

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WALLACE, HOWARD K	
STREET ADDRESS	4509 N.W. 23RD AVE., SUITE 16	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	WALLACE, ANNE M	
STREET ADDRESS	4509 N.W. 23RD AVE., SUITE 16	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SPAIN, THOMAS C	
STREET ADDRESS	2321 N.W. 41ST ST., SUITE A-2	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SPAIN, SUSAN B	
STREET ADDRESS	2321 N.W. 41ST ST., SUITE A-2	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Gainesville, FL 32606
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Gainesville, FL 32606
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Gainesville, FL 32606
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Gainesville, FL 32606
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Anne M. Wallace

4/25/97

352-377-2240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)