

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4707 NW 53rd Ave		26 4707 NW 53rd Ave		11/14/1994	
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number	
22 Suite A		27 Suite A		59-3280533	
City & State		City & State		Applied For	
23 Gainesville, FL		28 Gainesville, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32606		29 32606		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
WALLACE, HOWARD K JR. 8021 NE 221 STREET MELROSE FL 32666				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

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 date of appointment (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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	DYST	<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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	4707 NW 53rd Ave, Suite A
14 CITY-ST-ZIP	Gainesville, FL 32606
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	4707 NW 53rd Ave, Suite A
24 CITY-ST-ZIP	Gainesville, FL 32606
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	Gainesville, FL 32606
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	Gainesville, FL 32606
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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

Anne M. Wallace

Sec. / Treasurer

4/28/98

350-877-2010

CR2E034 (10/97)