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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000093502 1. Corporation Name

WINDSONG OF INDIAN RIVER, INC.

UC Account Number

116310-9

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90071 039 ***150.00



Principal Plac	e of Business	Mailing Addres	3						
995 WINDSONG WAY P O BOX 4438									
VERO BEACH FL 32964 VERO BEACH FL 32964			32964			DO NOT WP	ITE IN THIS SI	DACE	
							ILE IN THIS SE	ACE	
						3. Date Incorporated or Qualifed 12/27/1994			
0 5 - 1 - 1 5	N EDi	D- Mailing Ada	waaa			4 EEI Number		A.	plied For
2. Principal P	Place of Business	DAY 2a. Mailing Add	* 4438	12	1 209/11	59-2693430		_ 	ot Applicable
21 995	0077000 0 -	UHY 26 POBO Suite, Apt. s		<i>U.1</i> 0	+ 32164				Additional
Suite, Apt.	. #, etc.	 -1 ''	r, etc.			5. Certifcate of Status Desired			equired
City & Stat	to	27 City & State				6. Election Campaign Financing			May Be
		<u></u>	28			Trust Fund Contribution			to Fees
Zip	Countr		C	ountry	,	8. This corporation owes the curr	rent vear Intane		,
24	25	29	30	Ĭ		Personal Property Tax.		Yes	IØ No
27		ess of Current Registered Agent	1991			10. Name and Address of New	Registered Ag	ent	
				81	Name				
HERSEY, CHA K						ress (P.O. Box Number is Not Acceptable)			
995 WINDSONG WAY				82	Street Addre	ess (P.O. Box Number is Not Accept	able)		į
VERO BEACH FL 32964				83					
								- T -	
				84	City	•	FL	85 Zip	Code
11 Pursuant	to the provisions of Sec	tions 607 0502 and 607 1508. Flor	ida Statutes, the	abov	l e-named corpo	pration submits this statement for the	purpose of ch	anging its	registered
office or r	registered agent, or hoth	in the State of Florida, Such chai	ide was authofiz	ea nv	the corporation	n's board of directors. I hereby acce	pt the appointm	ent as re	gistered
agent. I a	m familiar with, and acc	ept the obligations of Section 607	U505, Florida St	atutes A	10 4126	Hensel	,	3 0−	49
SIGNATURE	Slopetice, broad or printed name	e of registered agent and title if applicable	(NOTE: Registe	ed Age	nt signature required	when reinstating)	DATE	<u> </u>	//
12.		FFICERS AND DIRECTORS	1:			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12
TITLE Class	Р		DELETE 1.1	TITLE] Change	☐ Addition
NAME ALL	HERSEY, CHA K		1.2	NAME		Nove			
STREET ADDRESS	995 WINDSONG W	AY	1.3	STREE	T ADDRESS	1000-			
CITY-ST-ZIP	VERO BEACH FL 3		1.4	CITY-S	T-ZIP				
TITLE	72.10 52.101.12.5			TITLE		****] Change	☐ Addition
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STREET ADORESS			2.3	STREE	TAODRESS				}
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NAME		_		NAME					
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CITY-ST-ZIP				CITY-S					ł
TITLE				TITLE			. [Change	Addition
NAME				NAME					
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			5.3	STREE	ADDRESS				
					TADDRESS T-ZIP				
CITY-ST-ZIP		П	5.4	STREE CITY-S TITLE			Г	Change	☐ Addition
CITY-ST-ZIP			5.4 DELETE 6.1	CITY-S TITLE			С] Change	☐ Addition
CITY-ST-ZIP			5.4 DELETE 6.1 6.2	CITY-S TITLE NAME] Change	☐ Addition

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, with all other like empowered.