

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

FILED  
May 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Matham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000003000 (3)**

1. Corporation Name  
**WINDERMERE DEVELOPMENT, INC.**

Principal Place of Business  
**8013 BRIDGESTONE DR.  
ORLANDO FL 32835**

Mailing Address  
**8013 BRIDGESTONE DR.  
ORLANDO FL 32835-0817**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/09/1995</b>	3a. Date of Last Report <b>03/27/1996</b>
21 <b>12742 Windermere Isle</b>	26 <b>2457A S. HIWASSEE RD</b>	4. FEI Number <b>59-3334752</b>		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.	27 <b>SUITE 312</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 <b>ORLANDO WINDERMERE FL</b>	28 <b>ORLANDO FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 <b>34786</b>	25 <b>U.S.A.</b>	29 <b>32835</b>	30 <b>U.S.A.</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SINGH, RANEE</b> <b>8013 BRIDGESTONE DR.</b> <b>ORLANDO FL 32835</b>		<b>SAVITRI SINGH</b> <b>2207 Kettle DR</b> <b>ORLANDO FL 32835</b>	

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 *Savitri Singh*  
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>PATEL, PRADIP</b>	1.2 NAME		
STREET ADDRESS <b>2457A S. HIWASSEE RD., SUITE 312</b>	1.3 STREET ADDRESS		
CITY-ST-ZIP <b>ORLANDO FL 32835</b>	1.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>SINGH, SAVITRI</b>	2.2 NAME		
STREET ADDRESS <b>2207 KETTLE DR</b>	2.3 STREET ADDRESS		
CITY-ST-ZIP <b>ORLANDO FL 32835</b>	2.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>SINGH, RANEE</b>	3.2 NAME		
STREET ADDRESS <b>8013 BRIDGESTONE DR. 2457A S. HIWASSEE RD</b>	3.3 STREET ADDRESS		
CITY-ST-ZIP <b>ORLANDO FL 32835 SUITE 312 ORL FL 32835</b>	3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	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: *Pamela Singh*

CR2E034 (9/96)