

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000035403 (1)

1. Corporation Name

WINDCREST/PARKSIDE II, INC.

Principal Place of Business

Mailing Address

950 N. ORLANDO AVENUE
SUITE 320
WINTER PARK FL 32789

950 N. ORLANDO AVENUE
SUITE 320
WINTER PARK FL 32789



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/05/1995		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3328411		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> X		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO FL 32801				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: If registered agent signature required when re-registering)

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		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	100 Congress Ave., Suite 1010
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Austin, TX 78701
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Asst. Secretary
NAME		3.2 NAME	Constance A. Jones
STREET ADDRESS		3.3 STREET ADDRESS	950 N. Orlando Ave., Suite 320
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Winter Park, FL 32789
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President
NAME		4.2 NAME	Preston I. Perrone
STREET ADDRESS		4.3 STREET ADDRESS	950 N. Orlando Ave., Suite 320
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Winter Park, FL 32789
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Vice President
NAME		5.2 NAME	Rick Deyoe
STREET ADDRESS		5.3 STREET ADDRESS	100 Congress Ave., Suite 1010
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Austin, TX 78701
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Constance A. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Constance A. Jones

6/5/96

407/628-4544

CR2E034 (3/96)