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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 26 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700002748 (6)

| 1. Corporation | on Nam e | | | (~) | | | | | | | | | | | | |
|---|-------------------------|--------------------|--|---|-----------------|-------------------|--|--|--|--|--|--|--|--|--|--|
| WINDCREST/VALENCIA II, INC. | | | | | | | | | | | | | | | | |
| | | | | | | | P PRANTARY NO CONTRIBUTE AND A CONTRIBUTE CO | | | | | | | | | |
| Principal Plac | o of Puringe | | Mailing Address | | . | | | | | | | | | | | |
| Principal Place of Business Mailing Address 850 N. ORLANDO AVENUE 950 N. ORLANDO AVENUE | | | | | | | | | | | | | | | | |
| SUITE 320 SUITE | | | AVENUE | OC. | | | | | | | | | | | | |
| WINTER PARK FL 32789 | | | | WINTER PARK FL-92709- | | | DO NOT WRITE IN THIS SPACE | | | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified | | | | | | | | | |
| | | | | LA ANDU-ANDU- | | | 01/10/1997 | | | | | | | | | |
| 2. Principal Place of Business | | | /3 👗 | 2a. Mailing Address 26 (.a. Box 496) | | | 4. FEI Number Applied For Not Applicable | | | | | | | | | |
| Suite, Apt. | #. etc. | | | Suite, Apt. #, etc. | | | ¢0.75 | | | | | | | | | |
| 22 | | | <u> </u> | 27 | | | 5. Certificate of Status Desired Fee Required | | | | | | | | | |
| City & Stat | City & State | | | رسه ا | | | Election Campaign Financing \$5.00 May Be | | | | | | | | | |
| 23 | | | 28 Orland | 28 Orlando, PL | | | Trust Fund Contribution Added to Fees | | | | | | | | | |
| Zip | | Country | Zip | | WY 1 | | 8. This corporation owes or has paid the current year Intangible | | | | | | | | | |
| 24 | | 25 | 29 32802-4 | 960 30 (| 13H | | Personal Property Tax due June 30. X Yes No | | | | | | | | | |
| 9, Name and Address of Current Registered Agent PRO CORPORATE SERVICES OF CENTRAL ELOPIDA 8 | | | | | | | 10. Name and Address of New Registered Agent | | | | | | | | | |
| B&C CORPORATE SERVICES OF CENTRAL FLORIDA | | | | | | | | | | | | | | | | |
| 390 N ORANGE AVENUE SUITE 1100 | | | | 82 Street Addr | | | ess (P.O. Box Number is Not Acceptable) | | | | | | | | | |
| ORLANDO FL 32801 | | | | | 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 a | ım f am iliar wi | th, and accept the | obligations of, Section 607.0 | 505, Florida Stat | utes. | iiporatio | or s board or directors. Thereby accept the appointment as registered | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | | | | |
| 12. | Signature typed | | ed agent and title it applicable. S AND DIRECTORS | (NOTE: Registered | l Agent signatu | re required | d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | | | |
| TITLE | D | OFFICE | DEL | | LE | D/1 | | | | | | | | | | |
| NAME | PALMER | CHARLES B | | 1.2 N/ | ME | | narles B.Palmer | | | | | | | | | |
| STREET ADDRESS 950 N. ORLANDO AVE, STE 320 | | | TE 320 | ■ : | | | 50 N.Orlando Ave., Ste. 320 | | | | | | | | | |
| CITY-ST-ZIP WINTER PARK FL 32789 | | | | 1.4 | | | nter Park, FL 32789 | | | | | | | | | |
| TITLE | D | | ☐ DELI | TE 2.1 TO | LE | | S/T/VP Change Addition | | | | | | | | | |
| NAME | | HUCK, ROBERT N | | 2.2 N/ | ME | | bbert M. Bobinchuck | | | | | | | | | |
| STREET ADDRESS 100 CONGRESS AVE, STE 1010 | | | E 1010 | 2.3 STREE | | | 00 Congress Ave., Ste. 1010 | | | | | | | | | |
| City-st-zip AUSTIN FL 78701 | | | T pro | | TY-ST-ZIP | Aus | stin, TC 78701 | | | | | | | | | |
| TITLE | | | ☐ DELI | | | VP |) Change Li Addition | | | | | | | | | |
| NAME PERFET ADDRESS | | | | 3.2 NA | | | ck Deyoc | | | | | | | | | |
| STREET ADDRESS | | | | | REET ADDRESS | LIV | 0 Congress Ave. Ste. 1010 | | | | | | | | | |
| CITY-ST-ZIP TITLE | | | DELE | | TY-ST-ZIP | - -Au | ISTIN, T. 78701 Change Addition | | | | | | | | | |
| NAME | | | | 4.2 N | | | 7,70 | | | | | | | | | |
| STREET ADDRESS | | | | B | reet address | Pre | reston Perrone, | | | | | | | | | |
| CITY-ST-ZIP | | | | | Y-ST-ZIP | | 50 N. Orlando Ave., Ste. 320 | | | | | | | | | |
| TITLE | | | DELE | | | W11 | nter Park, FL 32789 | | | | | | | | | |
| NAME | | | | 5.2 NA | ME | | - | | | | | | | | | |
| STREET ADDRESS | | | | 5.3 ST | reet address | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | Y-ST-ZIP | | | | | | | | | | | |
| TITLE | | | DELE | TE 6.1 TIT | LE | | ☐ Change ☐ Addition | | | | | | | | | |
| NAME | | | | 6.2 NA | ME | | | | | | | | | | | |
| STREET ADDRESS | | | | 6.3 ST | REET ADDRESS | | | | | | | | | | | |
| CITY ST. ZIP | | | | 64.00 | V. CT. 7ID | 1 | | | | | | | | | | |

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 of 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 of the (copiver 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 chapter 607, or fin an interferent with an address.

Preston Perrone. Vice President (407) 628-4544