

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-08-2004 90019 009 ***150.00

DOCUMENT # P97000007921 1. Entity Name WINDWARD APARTMENTS OF ORLANDO, INC.					
Principal Place of Business 1744 BOWEN DRIVE ORLANDO FL 32822		Mailing Address 1744 Bowen Drive 1275 BENNETT DRIVE Orlando, FL SUITE 200 XXXXXX 32822 LONGWOOD FL 32750			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3440014	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERSHKOVICH, ISSAC 1275 BENNETT DRIVE SUITE 200 LONGWOOD FL 32750 Windward Apartments of Orlando, Inc. 1744 Bowen Drive Orlando, FL 32822				7. Name and Address of New Registered Agent Name DAVID C. BRENNAN Street Address (P.O. Box Number is Not Acceptable) 201 E. PINE ST. SUITE 425 City ORLANDO FL Zip Code 32801	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DAVID C. BRENNAN DATE 5/6/04 <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, DAVID C 201 E. PINE STREET, STE 425 ORLANDO FL 32802	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERSHKOVICH, ISSAC 1275 BENNETT DR, STE 200 LONGWOOD FL 32750	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: DAVID C. BRENNAN DATE 5/6/04 407/422-8030 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AS DIRECTOR</small>					

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MOORE CR2E034 (11/03)