

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000084520 (0)

1. Corporation Name

WINDCREST/PALMS II, INC.

Principal Place of Business

Mailing Address

950 N. ORLANDO AVE., STE. 320
WINTER PARK FL 32789

~~950 N. ORLANDO AVE., STE. 320~~
~~WINTER PARK FL 32789~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1997

4. FEI Number

59-3470909

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

32802-4461

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B&C CORPORATE SERVICES CENTRAL FLORIDA
390 N. ORLANDO AVE., STE. 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 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 D ☐ DELETE
NAME PALMER, CHARLES B
STREET ADDRESS 950 N. ORLANDO AVE., STE. 320
CITY-ST-ZIP WINTER PARK FL 32789

1.1 TITLE D/P/T ☐ Change ☐ Addition
1.2 NAME Charles B. Palmer
1.3 STREET ADDRESS 950 N. Orlando Ave., Ste. 320
1.4 CITY-ST-ZIP Winter Park, FL 32789

TITLE D ☐ DELETE
NAME PERRONE, PRESTON
STREET ADDRESS 950 N. ORLANDO AVE., STE. 320
CITY-ST-ZIP WINTER PARK FL 32789

2.1 TITLE D/VP/S ☐ Change ☐ Addition
2.2 NAME Preston Perrone
2.3 STREET ADDRESS 950 N. Orlando Ave., Ste. 320
2.4 CITY-ST-ZIP Winter Park, FL 32789

TITLE D ☐ DELETE
NAME PALMER, C. ANDREW
STREET ADDRESS 950 N. ORLANDO AVE., STE. 320
CITY-ST-ZIP WINTER PARK FL 32789

3.1 TITLE D/AS ☐ Change ☐ Addition
3.2 NAME C. Andrew Palmer
3.3 STREET ADDRESS 950 N. Orlando Ave., Ste. 320
3.4 CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Preston Perrone, Vice President (407)628-4544

CR2E034 (10/97)