

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S10922** (0)

1. Corporation Name

WINDWARD COVE, INC.

Principal Place of Business

**114 WINDWARD DRIVE
PALM BEACH GARDENS FL 33418
US**

Mailing Address

**114 WINDWARD DRIVE
PALM BEACH GARDENS FL 33418
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/06/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0226411

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

601 BallenIsles Dr.

27

Suite, Apt. #, etc.

28

Palm Beach Gardens, Fl.

29

Zip

Country

30

33418 Palm Beach

9. Name and Address of Current Registered Agent

**SCHNIER, CHARLES
114 WINDWARD DRIVE
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

601 BallenIsles Drive

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

(if 31) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHNIER, CHARLES
STREET ADDRESS	114 WINDWARD DRIVE
CITY-ST-ZIP	PALM BEACH GRDNS FL
TITLE	T
NAME	SCHNIER, CHARLES
STREET ADDRESS	114 WINDWARD DRIVE
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	S
NAME	SCHNIER, ESTHER
STREET ADDRESS	7090 AYRSHIRE LANE
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	601 BallenIsles Drive
14 CITY-ST-ZIP	Palm Beach Gardens, FL. 33418
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	601 BallenIsles Drive
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	17030 Brookwood Dr.
34 CITY-ST-ZIP	Boca Raton, Florida 33496
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles Schnier, President

4-24-95

(407) 626-7955