

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90046 009 \*\*\*\*61.25

**DOCUMENT # 718976**  
 1. Entity Name  
**WIND SONG VILLAS, INC.**

Principal Place of Business      Mailing Address  
**710 GOLDEN BCH BLVD**      **710 GOLDEN BCH BLVD**  
**VENICE FL 34285**      **VENICE FL 34285**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-1540803**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MOORE, ROBERT L**  
**227 NOKOMIS AVENUE SOUTH**  
**VENICE FL 34285**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	STARK, HAROLD	
STREET ADDRESS	1912 BOULDER DRIVE	
CITY-ST-ZIP	ANN ARBOR MI 48104	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPKINS, JOHN	
STREET ADDRESS	710 GOLDEN BEACH BLVD. #3	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	CAHILL, RICHARD	
STREET ADDRESS	710 GOLDEN BEACH BLVD. #6	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYRNE, JOSEPH	
STREET ADDRESS	710 GOLDEN BEACH BLVD. #1	
CITY-ST-ZIP	VENICE FL, 34285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Joseph D. Byrne*      Date: *03/20/01*      Daytime Phone #: *941 485-6624*  
**JOSEPH D. BYRNE**

1001 1000  
 CR2E037 (10/00)