FILED

## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jan 13, 2003 8:00 am **Secretary of State DOCUMENT # 718976** 01-13-2003 90086 037 \*\*\*\*61.25 WIND SONG VILLAS, INC. Principal Place of Business Mailing Address 710 GOLDEN BCH BLVD 710 GOLDEN BCH BLVD 90000875 VENICE FL 34285 VENICE FL 34285 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1540803 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 227 NOKOMIS AVENUE SOUTH VENICE FL 34285 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **FILE NOW: FEE IS \$61.25** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE D- PRES [TREAS. Delete TITLE Change ☐ Addition NAME STARK, HAROLD NAME BYRNGIJOSEAH STREET ADDRESS 1912 BOULDER DRIVE STREET ADDRESS 210 COLDEN BEACH BLUD, #1 CITY-ST-ZIP ANN ARBOR MI 48104 CITY-ST-ZIP VEUICE, AL 34205- 3133 D- CLEEK TOHN TITLE Defete TITLE Change ☐ Addition HOPKINS, JOHN HOPKINS, TOHN 710 GOLDENBEACH BLO. # 3 NAME STREET ADDRESS 710 GOLDEN BEACH BLVD. #3 STREET ADDRESS CITY-ST-ZIP VENICE FL 34285 CITY-ST-ZIP NEW ICE, 76 34265-3233 DT TITLE **K** Delete TITLE Addition BYRNE, JOSEPH CAHILL, BICHARD NAME NAME TIO QULDEN BEACH BUD, # 6 STREET ADDRESS 710 GOLDEN BEACH BLVD #1 STREET ADDRESS CITY-ST-ZIE VENICE FL 34285 CITY-ST-ZIP VENICE, The 34185-☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 17. Florida Statutes, and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to execute this report as required by Chapter Changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE REQUIRED