# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED
1995 MAY -1 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724802 (4)

1. Corporation Name

~~VILLAGE OF WINDMEADOWS NO 4 INC~~

VILLAGE OF WINDMEADOWS CONDOMINIUM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~2100 W STATE RD 434~~ | ~~2100 W STATE RD 434~~ |
| ~~STE 5000~~ | ~~STE 5000~~ |
| ~~LONGWOOD FL 32779~~ | ~~LONGWOOD FL 32779~~ |
| US | US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1972
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-3247598 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 200 Windmeadows | 26 200 WINDMEADOWS |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 ALTAMONTE SPRINGS FL. | City & State 28 ALTAMONTE SPRINGS FL. |
| Zip 24 32701 Country 25 | Zip 29 32701 Country 30 |

9. Name and Address of Current Registered Agent

~~GAUTHIER, PIERRE J~~
~~2100 W STATE RD 434~~
~~STE 5000~~
~~LONGWOOD FL 32779~~

10. Name and Address of New Registered Agent

81 Name: Ms. Beth Palmer
82 Street Address (P.O. Box Number is Not Acceptable): 8201-72 Sun Spring Circle
83
84 City: Orlando, Fl. FL 85 Zip Code: 32825

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | GILMAN, DENNIS | 12 NAME | 100001432951 |
| STREET ADDRESS | 458 WINDMEADOWS | 13 STREET ADDRESS | -05/18/95--01012--018 |
| CITY ST ZIP | ALTAMONTE SPRINGS FL | 14 CITY ST ZIP | ****130.00 ****130.00 |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | HART, ZOET | 22 NAME | |
| STREET ADDRESS | 408 WINDMEADOWS | 23 STREET ADDRESS | |
| CITY ST ZIP | ALTAMONTE SPGS, FL 00000 | 24 CITY ST ZIP | |
| TITLE | SD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | EVANS, RALPH | 32 NAME | |
| STREET ADDRESS | 532 WINDMEADOWS | 33 STREET ADDRESS | |
| CITY ST ZIP | ALTAMONTE SPRINGS FL | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | DAB ☐ Change ☐ Addition |
| NAME | | 62 NAME | 5-1-95 |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dennis R Gilman President 4/25/95 767-6762
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0003366

(9)

**Florida Department of State, Jim Smith, Secretary of State**

# RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statues, the undersigned, Pierre J. Gauthier
(name of registered agent)

hereby resigns as Registered Agent for VILLAGES OF WINDMEADOWS CONDOMINIUM ASSOCIATION INC
(name of corporation) 724802 (4)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Pierre Gauthier
SIGNATURE

**FEE FOR FILING THIS DOCUMENT:**
**$87.50-Active Corporation**
**$35.00-Administratively Dissolved Corporation**

**Division of Corporations - P. O. Box 6327 - Tallahassee, FL 32314**
CR2E046 (7-91)