FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 19 AM 10:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 727259 (4)

1. Corporation Name

WINDMILL POINTE HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PO BOX 4857 PALM HARBAR FL 34685 US	PO BOX 4857 PALM HARBAR FL 34685 US

3. Date Incorporated or Qualified: 08/24/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1762193 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

MCCORD, CARY
2707 WOODHALL TERRACE
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name: William Braun
82 Street Address (P.O. Box Number is Not Acceptable): 2706 Woodhall Terrace
83
84 City: Palm Harbor FL 85 Zip Code: 34685

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: William D. Braun — 7/11/95
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	P	1.1 TITLE	D	☑ Change ☐ Addition
NAME	MCCORD, CARY	1.2 NAME	MCCord, CARY	
STREET ADDRESS	2707 WOODHALL TER	1.3 STREET ADDRESS	2707 Woodhall Ter.	
CITY-ST-ZIP	PALM HARBOR FL 34685	1.4 CITY-ST-ZIP	Palm Harbor, FL	
TITLE	D	2.1 TITLE	P	☑ Change ☐ Addition
NAME	BRAUN, WILLIAM	2.2 NAME	Braun, William	
STREET ADDRESS	2706 WOODHALL TER	2.3 STREET ADDRESS	2706 Woodhall Ter	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	Palm Harbor, FL	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	LYNN, DONNA	3.2 NAME		
STREET ADDRESS	2609 WITLEY AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	JONES, DERYL	4.2 NAME		
STREET ADDRESS	2702 WENDOVER TER	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SAYLOR, KATHY	5.2 NAME		
STREET ADDRESS	2625 WITLEY AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	NIELSON, GARY	6.2 NAME		
STREET ADDRESS	2601 WITLEY AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	6.4 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: [signature] — 5/23/95 — 813-535-4606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DERYL S. JONES, TREASURER

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