

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727259** (4)
1. Corporation Name
WINDMILL POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business PO BOX 4857 PALM HARBOR FL 34685 US	Mailing Address PO BOX 4857 PALM HARBOR FL 34685 US
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3. Date Incorporated or Qualified 08/24/1973	Applied For
4. FEI Number 59-1762193	Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRAUN, WILLIAM 2706 WOODHALL TERR PALM HARBOR FL 34685	10. Name and Address of New Registered Agent 81 Name Patrick J Roberts 82 Street Address (P.O. Box Number is Not Acceptable) 2619 WARWICK TERRACE 83 84 City Palm Harbor FL 85 Zip Code 34685
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE *Patrick J Roberts*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARTER, SANDRA		1.2 NAME MICHAEL LA CHAPPELLE	
STREET ADDRESS 2941 WYCOMBE WAY		1.3 STREET ADDRESS 2911 WITLEY AVE	
CITY-ST-ZIP PALM HARBOR FL		1.4 CITY-ST-ZIP PALM HARBOR FL 34685	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRAUN, WILLIAM		2.2 NAME Kathleen Remsen	
STREET ADDRESS 2706 WOODHALL TERRACE		2.3 STREET ADDRESS 2828 WENDOVER TERRACE	
CITY-ST-ZIP PALM HARBOR FL		2.4 CITY-ST-ZIP PALM HARBOR FL 34685	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBERTS, PATRICK		3.2 NAME	
STREET ADDRESS 2619 WARWICK TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34685		3.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANCHEZ, GEORGE		4.2 NAME	
STREET ADDRESS 2711 WARWICK TERRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34685		4.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE	6.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NELSON, GARY		6.2 NAME LAURA Coquina	
STREET ADDRESS 2801 WITLEY AVE		6.3 STREET ADDRESS 2717 WARWICK TERRACE	
CITY-ST-ZIP PALM HARBOR FL		6.4 CITY-ST-ZIP PALM HARBOR FL 34685	

14. 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 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: *Patrick J Roberts* **A-29-98 813-785-1974**

CR2E037 (1097)