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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **727259** **(4)**

1. Corporation Name

WINDMILL POINTE HOMEOWNERS' ASSOCIATION, INC.

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

4. FEI Number: 59-1762193 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ 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

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Patrick J Roberts
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	D	☒ DELETE	1.1 TITLE	P	☐ Change ☒ 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	☒ DELETE	2.1 TITLE	S	☐ Change ☒ 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	☐ DELETE	3.1 TITLE		☐ Change ☐ 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	☐ DELETE	4.1 TITLE	D	☒ Change ☐ 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	☐ DELETE	5.1 TITLE	D	☒ 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	☒ DELETE	6.1 TITLE	VP	☐ Change ☒ Addition
NAME	NIELSON, GARY		6.2 NAME	LAURA Coggins	
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	

CR2E037 (10/97)

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 6-29-98 813-785-1974