

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

**FILED**  
**Sep 24, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90135 001 \*1,100.00

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|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # 551204</b><br>1. Entity Name<br><b>WINDMILL GOLF AND COUNTRY CLUB, INC.</b>   |   |   |  |   |  |
| Principal Place of Business<br><b>6151 LYONS ROAD<br/>LAKE WORTH FL 33467-6116</b>  |   |   | Mailing Address<br><b>6151 LYONS ROAD<br/>LAKE WORTH FL 33467-6116</b>   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State  |   |   | City & State   |   |  |
| Zip   |   | Country   |  | 4. FEI Number <b>59-1785322</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SCHWEBEL, M: MAC<br/>6151 LYONS ROAD<br/>LAKE WORTH FL 33463</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name -<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>DUE BY September 8, 2004<br/>Make Check Payable to Florida Department of State</b>   |   | 5.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PTD<br/>SCHWEBEL, M. MAC<br/>44 COCOANUT ROW<br/>PALM BEACH FL</b>           | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VPD<br/>SCHWEBEL, JOHN M.<br/>14250 SW 73RD AVE<br/>MIAMI FL</b>             | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S<br/>DIFONZO, PAULINE S.<br/>12264 GAG HARBOR CT<br/>WEST PALM BEACH FL</b> | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   |  |   |  |
| 12. 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |  |   |  |
| <b>SIGNATURE:</b> <i>Pauline S. DiFonzo</i> <b>PAULINE S. DIFONZO</b> 9/13/04 561 964-6011  |   |   |  |   |  |