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

APPROVED AND FILED
95 MAY -1 PM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719992 (0)

1. Corporation Name
WINDMILL VILLAGE BY THE SEA RECREATION CENTER AS SOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10850 S OCEAN DR BOX 169 JENSEN BCH. FL 34957-2609	10850 S OCEAN DR BOX 169 JENSEN BCH. FL 34957-2609

3. Date Incorporated or Qualified: 01/05/1971
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2391406 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SP
NORMAN, PATRIDGE J
10851 S OCEAN DRIVE #169
JENSON BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name: PARTRIDGE, NORMAN J.
82 Street Address (P.O. Box Number Is Not Acceptable):
83
84 City: FL 85 Zip Code:

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	S	1.1 TITLE	V P T	☒ Change ☐ Addition
NAME	REYNOLDS, PAT	1.2 NAME	JORDAN, RALPH	
STREET ADDRESS	51 AQUA RA DR.	1.3 STREET ADDRESS	10851 S. OCEAN DR. #61	
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	V	2.1 TITLE	P	☒ Change ☐ Addition
NAME	DINARDO, RON	2.2 NAME		
STREET ADDRESS	10851 S OCEAN DRIVE #105	2.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE	D	☒ Change ☐ Addition
NAME	ACHESON, SHIRLEY	3.2 NAME		
STREET ADDRESS	44 AQUA RA DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BCH. FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	D	☒ Change ☐ Addition
NAME	JEFFRIES, AL	4.2 NAME	WAY, BOB	
STREET ADDRESS	10851 S OCEAN DR LOT 33	4.3 STREET ADDRESS	81 AQUA RA DR	
CITY-ST-ZIP	JENSEN BCH. FL	4.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	5.1 TITLE	S	☒ Change ☐ Addition
NAME	ANGLIN, LILLIAN	5.2 NAME		
STREET ADDRESS	10851 S OCEAN DRIVE #147	5.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Lillian C Anglin 4/26/95 407 229-1145
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lillian C. Anglin

000218