

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jun 10 1996 8:00 am  
Secretary of State

DOCUMENT # 719992 (0)  
1. Corporation Name  
WINDMILL VILLAGE BY THE SEA RECREATION CENTER AS  
SOCIATION, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/05/1971		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 59-2391406		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

PARTRIDGE, NORMAN J.  
10851 S OCEAN DRIVE #169  
JENSON BEACH FL 34957

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>FF</del> D & P <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, RALPH	1.2 NAME	
STREET ADDRESS	10851 S OCEAN DR #51	1.3 STREET ADDRESS	
CITY - ST - ZIP	JENSEN BEACH FL	1.4 CITY - ST - ZIP	
TITLE	<del>P</del> D & T <input type="checkbox"/> DELETE	2.1 TITLE	TREASURER & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAY, BOB	4.2 NAME	JEAN TOWNSEND
STREET ADDRESS	81 AQUA RA DR	4.3 STREET ADDRESS	10851 S OCEAN DR #53
CITY - ST - ZIP	JENSEN BCH. FL	4.4 CITY - ST - ZIP	JENSEN BCH, FL 34957
TITLE	S & D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Norman J. Partridge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
NORMAN J. PARTRIDGE

5/23/96  
Date

561-229-1145  
Daytime Phone #

CR2E037 (12/95)