

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90022 031 ****61.25

DOCUMENT # 719992

1. Corporation Name

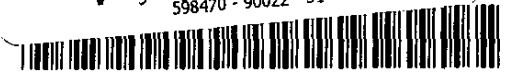
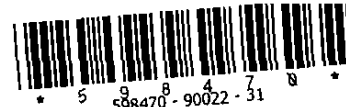
**WINDMILL VILLAGE BY THE SEA RECREATION CENTER AS
SOCIATION, INC.**

Principal Place of Business

10850 S OCEAN DR BOX 169
JENSEN BCH. FL 34957-2609

Mailing Address

10850 S OCEAN DR BOX 169
JENSEN BCH. FL 34957-2609



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/05/1971

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DINARDO, RONALD
10851 S OCEAN DRIVE #169
KEMSEM BEACH FL 34957

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **JORDAN, RALPH**
STREET ADDRESS **10851 S OCEAN DR #51**
CITY-ST-ZIP **JENSEN BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P ☐ DELETE

NAME **MILLER, LESTER**
STREET ADDRESS **10851 S. OCEAN DR., #31**
CITY-ST-ZIP **JENSEN BEACH FL**

2.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D ☐ DELETE

NAME **PRILL, DALE**
STREET ADDRESS **24 AQUA RA DRIVE**
CITY-ST-ZIP **JENSEN BEACH FL**

3.1 TITLE **TREASURER** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

T ☐ DELETE

NAME **TOWNSEND, JEAN**
STREET ADDRESS **10851 SOUTH OCEAN DRIVE #53**
CITY-ST-ZIP **JENSEN BEACH FL**

4.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

SD ☐ DELETE

NAME **ANGLIN, LILLIAN**
STREET ADDRESS **10851 S OCEAN DRIVE #147**
CITY-ST-ZIP **JENSEN BEACH FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

6.2 NAME **MARY LUCIANI**
6.3 STREET ADDRESS **10851 S OCEAN DR., #169**
6.4 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/99
Date

561-229-1145
Daytime Phone #

CR2E037 (5/99)