

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

**FILED**  
**Apr 17, 1998 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

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

Mailing Address

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



3. Date Incorporated or Qualified

**01/05/1971**

4. FEI Number

**59-2391406**

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

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

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

10. Name and Address of New Registered Agent

81 Name

**RONALD VINARDO**

82 Street Address (P.O. Box Number is Not Acceptable)

**10851 S OCEAN DR #169**

83

City

**JENSEN BEACH FL**

85 Zip Code

**34957**

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

*Ronald Vinardo, Manager*

**3-10-98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☒ DELETE

JORDAN, RALPH

10851 S OCEAN DR #51

JENSEN BEACH FL

CITY-ST-ZIP

VP ☐ DELETE

MILLER, LESTER

10851 S. OCEAN DR., #31

JENSEN BEACH FL

CITY-ST-ZIP

D ☒ DELETE

ACHESON, SHIRLEY

44 AQUA RA DR

JENSEN BCH. FL

CITY-ST-ZIP

P ☐ DELETE

TOWNSEND, JEAN

10851 SOUTH OCEAN DRIVE #53

JENSEN BEACH FL

CITY-ST-ZIP

SD ☐ DELETE

ANGLIN, LILLIAN

10851 S OCEAN DRIVE #147

JENSEN BEACH FL

CITY-ST-ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

VICE PRESIDENT

1.2 NAME

LESLIE VINARDO

1.3 STREET ADDRESS

10851 S OCEAN DR #105

1.4 CITY-ST-ZIP

JENSEN BEACH, FL

2.1 TITLE ☒ Change ☐ Addition

PRESIDENT

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

DIRECTOR

3.2 NAME

DALE PRILL

3.3 STREET ADDRESS

24 AQUA RA DR.

3.4 CITY-ST-ZIP

JENSEN BEACH, FL

4.1 TITLE ☒ Change ☐ Addition

TREASURER

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Leslie Vinardo* SIGNATURE REQUIRED: *Leslie Vinardo, UP* 4/9/98 (561) 229-1145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071892

CR2E037 (10/97)