

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

04-24-2002 90403 040 ****61.25

DOCUMENT # 719992

1. Entity Name

WINDMILL VILLAGE BY THE SEA RECREATION CENTER ASSOCIATION, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2391406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRISON, DIANE
666 NE DIXIE HWY
JENSEN BEACH FL 34957

Name

Joseph Jakab

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

666 NE Dixie Hwy

City

Jensen Beach

FL

Zip Code

34957

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.

SIGNATURE

Joseph Jakab

Joseph Jakab

4/10/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** ☒ Change ☒ Addition
 NAME **MILLER, LESTER**
 STREET ADDRESS **10851 S OCEAN DR. #31**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **VPD** ☐ Delete
 NAME **RATH, DALE**
 STREET ADDRESS **#32 AQUA RA DRIVE**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **VPD** ☐ Change ☐ Addition
 NAME **RATH, DALE**
 STREET ADDRESS **#32 AQUA RA DRIVE**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

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

TITLE **TD** ☒ Change ☐ Addition
 NAME **KEES-ELIZABETH**
 STREET ADDRESS **103 AQUA RA DR.**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **SD** ☐ Delete
 NAME **BLANCHARD, ED**
 STREET ADDRESS **10851 S OCEAN DRIVE # 54**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **SD** ☐ Change ☐ Addition
 NAME **BLANCHARD, EDWARD**
 STREET ADDRESS **10851 S OCEAN DRIVE # 54**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **TD** ☒ Delete
 NAME **WAY, BOB**
 STREET ADDRESS **81 AQUA RA DRIVE**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **SD** ☐ Change ☒ Addition
 NAME **TILLMAN, ANN**
 STREET ADDRESS **10851 S OCEAN DR #19**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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.

SIGNATURE:

Robert D. Miller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02
 Date

772-229-1145
 Daytime Phone #

CR2007 (9/01)