

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

DOCUMENT # **722422** (3)

1. Corporation Name

WINDMILL VILLAGE CIVIC ASSOCIATION, INC.



Principal Place of Business

**4000 NORTH TUTTLE AVE.
SARASOTA FL 34234**

Mailing Address

**4000 NORTH TUTTLE AVE.
SARASOTA FL 34234**

3. Date Incorporated or Qualified
01/11/1972

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-1911034

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PIPHER, ELIZABETH
3906 VOORNE STREET
SARASOTA FL 34234**

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 617.1506, 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

TITLE **P** ☐ DELETE

NAME **HERENDEN, KARL**
STREET ADDRESS **3716 EDAM ST.**
CITY-ST-ZIP **SARASOTA, FL 00000**

TITLE **VP** ☒ DELETE

NAME **HOWLEY, TOM**
STREET ADDRESS **3607 GUILDER ST.**
CITY-ST-ZIP **SARASOTA, FL 00000**

TITLE **D** ☒ DELETE

NAME **FINSEL, JUNE**
STREET ADDRESS **2976 DUTCH**
CITY-ST-ZIP **SARASOTA, FL 00000**

TITLE **D** ☐ DELETE

NAME **FALCONER, TOM**
STREET ADDRESS **3705 EDAM ST.**
CITY-ST-ZIP **SARASOTA, FL 00000**

TITLE **D** ☐ DELETE

NAME **SLATTERY, IRENE**
STREET ADDRESS **3912 COPENHAGEN ST.**
CITY-ST-ZIP **SARASOTA, FL 00000**

TITLE **D** ☒ DELETE

NAME **CLARKSON, ELMER**
STREET ADDRESS **4108 COPENHAGEN STREET**
CITY-ST-ZIP **SARASOTA, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **VP** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **Treas.** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

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 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:

Karl Herenden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96 355-7514
Date Daytime Phone #

CR2E037 (12/95)