2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2005 8:00 am Secretary of State

DOCUMENT # 722422 1. Entity Name WINDMILL VILLAGE CIVIC ASSOCIATION, INC.						02-09-2005 90033 043 ****61.25						
4000 NORTH TUTTLE AVE. 400			Mailing Address 4000 NORTH TUTTLE AVE. SARASOTA, FL 34234									
Principal Place of Business 3. Mailing Address												
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Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			01132005	Chg-NP	CR2E0	37 (10/03)			
City & State		Cit	City & State			4. FEI Numbe 59-191				plied For t Applicable		
Zip	D Country		Zip Cou		5. Certificate of Status Desired		; <u> </u>	\$8.75 Add				
	6. Name and Address	of Current Registere	d Agent			7. Name and	Address of New	Registered	Agent			
ELCHORN	I, GARY		÷	Name								
4215 EDAM ST SARASOTA, FL 34234				Street	treet Address (P.O. Box Number is Not Acceptable)							
				City					Zip Code			
								FL	•			
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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agant and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
SIGNATURE.	Signature, typed or printed name of	registered agent and title if app	icable. (NOTE: F	Registered Agent sig	nature required	when reinstating)		DATE	-			
SIGNATURE.	Signature, typed or printed name of Filling Fee is \$61.2 Due by May 1, 200	5	9. Election Camp Trust Fund Co	aign Financing	-	\$5.00 May 8 Added to Fees	Se FI		k payable to			
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12. 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 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.

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COUNT EWING

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941-359-3689

Daytime Phone #