## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mor Sam

FILED

Jun 24 1997 8:00am

Secretary of State

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Change Addition

Addition

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Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

CITY-ST-ZIP

STREET ADDRES

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KEY WEST FL

727 WINDSOR LANE

TITLE

NAME

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(3)

WINDSOR VILLAGE ASSOCIATION, INC.

Principal Place of Business
727 WINJSON LAND Mailing Address Weson LAN E KEY WEST FL 33040 KEY WEST FL 33040 3. Date Incorporated or Qualified 3a. Date of Last Report 02/12/1976 02/06/1996 4. FEI Number NOT APPLICABLE 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No 24 30 9, Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 TAYLOR THOMASUR CHANGE E. LET. 210 RWINDSORLANE 727 Windson LAWE 82 83 KEY WEST FL 33040 84 City 1.1. 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. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes. dune 20, 1997 SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE TITLE WILBUR, CHARLOTTE W. NAME 1.2 NAME 715R WINDSOR LANE STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME **REYNOLDS, RICHARD** 2.2 NAME STREET ADDRESS 721 WINDSOR LANE 2.3 STREET ADDRESS KEY WEST FL

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby cettilis 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 divector of the comorbition of the receiver of trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 of Block 15 of Chapter 6 or an attachment with an accesse. HAMIES G.LE

2. 4 CITY - ST-ZIP

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

3.1 TITLE

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