

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747721 (9)

1. Corporation Name

WINDMILL VILLAGE BOAT CLUB OF PUNTA GORDA, INC.

Principal Place of Business

Mailing Address

WINDMILL VILLAGE OF PG
3046
PUNTA GORDA FL 33950-7420
US215 RIO VILLA DR.
3046
PUNTA GORDA FL 33950-7409
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/19/19793a. Date of Last Report
03/06/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

10. Name and Address of New Registered Agent

DENNIS, ROBERT
215 RIO VILLA DR 39 EMDEN
#3038
PUNTA GORDA FL 33950

81 Name

CLIFFORD PARKER

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

215 RIO VILLA DR, # 3237

83

2 COPENHAGEN

84 City

PUNTA GORDA

FL

85 Zip Code

33950

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 CLIFFORD PARKER, COMMODORE

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

(NOTE: Registered Agent signature required when resigning)

DATE

FEB 11, 1997

12. OFFICERS AND DIRECTORS

TITLE	AC	<input type="checkbox"/> DELETE
NAME	TARLING, JAMES	
STREET ADDRESS	215 RIO VILLA DR #3341-6 ROTTERDAM	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	DENNIS, ROBERT	
STREET ADDRESS	215 RIO VILLA DR #3038-39 EMDEN	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	MURRAY, DORIS	
STREET ADDRESS	215 RIO VILLA DR #3165, 24 BRINK ST	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DENNIS, RENE	
STREET ADDRESS	215 RIO VILLA DR #3038-39 EMDEN	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MILLETT, MARGARET	
STREET ADDRESS	215 RIO VILLA DR #3046-34 EMDEN	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	JORCH, MARION	
STREET ADDRESS	215 RIO VILLA DR #3255-26 BRINK	
CITY-ST-ZIP	PUNTA GORDA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TR RAYMOND NASH
2.3 STREET ADDRESS	215 RIO VILLA DR, #3392-36 ALLIGATOR
2.4 CITY-ST-ZIP	PUNTA GORDA, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: CLIFFORD PARKER, COMMODORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 704-7440

CR2E037 (9/96)