

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 747721 (9)**  
 1. Corporation Name  
**WINDMILL VILLAGE BOAT CLUB OF PUNTA GORDA, INC.**



Principal Place of Business <b>WINDMILL VILLAGE OF PG 3046 PUNTA GORDA FL 33950-7420 US</b>		Mailing Address <b>215 RIO VILLA DR. 3046 PUNTA GORDA FL 33950-7420 US</b>		3. Date Incorporated or Qualified <b>06/19/1979</b>
2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number <b>NOT APPLICABLE</b>
21 22 23 24		26 27 28 29		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>PARKER, CLIFFORD 215 RIO VILLA DR #3237 2 COPENHAGEN PUNTA GORDA FL 33950</b>		10. Name and Address of New Registered Agent 81 Name <b>BELANGER, JOSEPH</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>215 RIO VILLA DR, #3063-16 ROTTERDAM</b> 83 <b>#3063-16 ROTTERDAM</b> 84 City <b>PUNTA GORDA, FL</b> 85 Zip Code <b>33950</b>	
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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 **JOSEPH BELANGER** *Joseph Belanger Comadore* **3-31-98**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC <b>TARLING, JAMES</b> <b>215 RIO VILLA DR #3341-6 ROTTERDAM</b> <b>PUNTA GORDA FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <b>NASH, RAYMOND</b> <b>215 RIO VILLA DR #3392-36 ALLIGATOR</b> <b>PUNTA GORDA FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TR</b> <b>BELANGER, MARGARET</b> <b>215 RIO VILLA DR, 3063-16 ROTTERDAM</b> <b>PUNTA GORDA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <b>MURRAY, DORIS</b> <b>215 RIO VILLA DR #3165, 24 BRINK ST</b> <b>PUNTA GORDA FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>DENNIS, RENE</b> <b>215 RIO VILLA DR #3038-39 EMDEN</b> <b>PUNTA GORDA FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>MILLETT, MARGARET</b> <b>215 RIO VILLA DR #3046-34 EMDEN</b> <b>PUNTA GORDA FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <b>JORCH, MARION</b> <b>215 RIO VILLA DR #3255-26 BRINK</b> <b>PUNTA GORDA FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: **JOSEPH BELANGER** *Joseph Belanger Comadore* **3-31-98**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0059618**

CR2E037 (10/97)