

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

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # 766993 (0)
1. Corporation Name
THE WINDMILL MANOR RESIDENTS ASSOCIATION, INC.



Principal Place of Business: 5320 53RD AVENUE EAST BRADENTON FL 34203
Mailing Address: 5320 53RD AVENUE EAST BRADENTON FL 34203

3. Date Incorporated or Qualified: 02/15/1983
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 same as mailing address		26 5320 53rd. Ave East Lot Q94		59-2551246		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27 Lot Q94		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23 City & State		28 City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28 Bradenton, FL					
24 Zip		25 Country		29 Zip		30 Country	
24		25		29 34203		30 Manatee	

9. Name and Address of Current Registered Agent

SWARTS, SIDNEY W.
5320 53RD AVE EAST
#Q94
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: Sidney W. Swarts Sidney W. Swarts, TREASURER DATE: 03-29-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	11 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GOFF, WILLIAM		12 NAME	Paul Miller			
STREET ADDRESS	5320 53 AVE E #V11		13 STREET ADDRESS	5320 53rd. Ave. East Lot Q74			
CITY-ST-ZIP	BRADENTON, FL 34203		14 CITY-ST-ZIP	Bradenton, FL 34203			
TITLE	V	<input checked="" type="checkbox"/> DELETE	21 TITLE	Vice-President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FLOWER, BARBARA		22 NAME	Richard Noël			
STREET ADDRESS	5320 53RD AVE E V-15		23 STREET ADDRESS	5320 53rd. Ave. East Lot U1			
CITY-ST-ZIP	BRADENTON, FL 34203		24 CITY-ST-ZIP	Bradenton, FL 34203			
TITLE	S	<input type="checkbox"/> DELETE	31 TITLE	n/c	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WARD, MARY		32 NAME				
STREET ADDRESS	5320 E 53 AVE #X14		33 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON, FL 34203		34 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	41 TITLE	Board of Directos	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PALAVIN, BARNEY		42 NAME	Howard Hanke			
STREET ADDRESS	5320 E 53 AVE #Q29		43 STREET ADDRESS	5320 53rd. Ave. East Lot Q81			
CITY-ST-ZIP	BRADENTON, FL 34203		44 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCKLOSKI, MABEL		52 NAME	n/c			
STREET ADDRESS	5320 E 53 AVE #U16		53 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON, FL 34203		54 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	61 TITLE	Board of Directors	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KOHLBRAND, GEORGE		62 NAME	James Johnson			
STREET ADDRESS	5320 E 53 AVE #Z9		63 STREET ADDRESS	5320 53rd. Ave. East Lot R20			
CITY-ST-ZIP	BRADENTON, FL 34203		64 CITY-ST-ZIP	Bradenton, FL 34203			

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: Sidney W. Swarts SIDNEY W. SWARTS DATE: 03-29-96 941-756-2571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)