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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766993

1. Corporation Name
THE WINDMILL MANOR RESIDENTS ASSOCIATION, INC.

Principal Place of Business 5320 53RD AVE EAST BRADENTON FL 34203 US	Mailing Address 5320 53RD AVENUE EAST LOT Q-81 BRADENTON FL 34203 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/15/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2551246
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HANKE, HOWARD W
5320 53RD AVE E
LOT Q-81
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	POPE, RICHARD	
STREET ADDRESS	5320 53RD AVE E, LOT Z1-11	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOSHAW, NANCY	
STREET ADDRESS	5320 53RD AVE E, LOT W-6	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANGANO, HELEN	
STREET ADDRESS	5320 53RD AVE E, LOT W-12	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HANKE, HOWARD W	
STREET ADDRESS	5320 53RD AVE E, LOT Q-81	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, ROBERT	
STREET ADDRESS	5320 53RD AVE EAST LOT Q-32	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLOGG, ED	
STREET ADDRESS	5320 53RD AVE E, LOT Y-15	
CITY-ST-ZIP	BRADENTON FL 34203	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VIOLA E. HANKE	
1.3 STREET ADDRESS	5320-53 AVE-E, LOT Q81	
1.4 CITY-ST-ZIP	BRADENTON FL 34203	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GEORGE KRAUSE	
2.3 STREET ADDRESS	5320-53 AVE E, LOT V-14	
2.4 CITY-ST-ZIP	BRADENTON FL 34203	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROSEMARIE BOWMAN	
3.3 STREET ADDRESS	5320-53 AVE-E LOT Q26	
3.4 CITY-ST-ZIP	BRADENTON FL 34203	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GLADYS GEORGIE	
4.3 STREET ADDRESS	5320-53 AVE E, LOT Q43	
4.4 CITY-ST-ZIP	BRADENTON FL 34203	
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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Howard W Hanke - Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0065774

CR20937-11/08

941-756-8475

Date _____ Daytime Phone # _____