

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90668 007 \*\*\*\*61.25

**DOCUMENT # 766993**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2551246**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HANKE, HOWARD W  
 5320 53RD AVE E  
 LOT Q-81  
 BRADENTON FL 34203**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILBURN, DON</b>	
STREET ADDRESS	<b>5320-53 AVENUE E LOT T-11</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>POPE, RICHARD</b>	
STREET ADDRESS	<b>5320-53 AVENUE E LOT ZI-11</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SWARTS, GINNY</b>	
STREET ADDRESS	<b>5320-53 AVENUE E LOT Q-94</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HANKE, HOWARD W</b>	
STREET ADDRESS	<b>5320 53RD AVE E, LOT Q-81</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34203</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HANKE, VIOLA E</b>	
STREET ADDRESS	<b>5320 53 AVE E, LOT Q81</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CICCIO, JOE</b>	
STREET ADDRESS	<b>5320-53 AVE E LOT W-1</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEN KISSEL</b>	
STREET ADDRESS	<b>5320-53 AVENUE-E, LOT Q59</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NANCY HOSHAW</b>	
STREET ADDRESS	<b>5320-53 AVENUE E, LOT W-6</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEVE SARGENT</b>	
STREET ADDRESS	<b>5320-53 AVENUE E. LOT W-2</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOUG O'BRYEN</b>	
STREET ADDRESS	<b>5320-53 AVENUE E. LOT U-17</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DARCY O'NEIL</b>	
STREET ADDRESS	<b>5320-53 AVENUE E. LOT Q52</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JIM JOHNSON</b>	
STREET ADDRESS	<b>5320-53 AVENUE E. LOT R-20</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**HOWARD W. HANKE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HOWARD W. HANKE 3/29/02**

Date

**941-756-8475**

Daytime Phone #

CR2E037 (9/01)