

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **768645** (4)

1. Corporation Name
WESTWINDS VILLAGE, INC.

Principal Place of Business Mailing Address
5316 53RD AVE. E. 5316 53RD AVE. E.
BRADENTON FL 34203 BRADENTON FL 34203

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/25/1983 | 3a. Date of Last Report 04/25/1994 |
| 4. FEI Number 65-0101676 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suits, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 | 29 |
| 25 | 30 |

9. Name and Address of Current Registered Agent
DOMBER, HARLAN R
2801 FRUITVILLE RD
SUITE 150
SARASOTA FL 34237

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 | D |
| NAME | LEWIS, L |
| STREET ADDRESS | 5316 53RD AVE E LOT N4 |
| CITY-ST-ZIP | BRADENTON, FL 00000 |
| TITLE | D |
| NAME | SWANEY, W |
| STREET ADDRESS | 5316 53RD AVE E K-24 |
| CITY-ST-ZIP | BRADENTON, FL 00000 |
| TITLE | VD |
| NAME | DORAN, EUGENE |
| STREET ADDRESS | 5316 53RD AVE E M-15 |
| CITY-ST-ZIP | BRADENTON, FL 00000 |
| TITLE | TD |
| NAME | BEUTE, R |
| STREET ADDRESS | 5316 53RD AVE E LOT D10 |
| CITY-ST-ZIP | BRADENTON FL |
| TITLE | PD |
| NAME | SHAIKEN, MELVIN |
| STREET ADDRESS | 5316 53RD AV E, LOT J-16 |
| CITY-ST-ZIP | BRADENTON FL |
| TITLE | SD |
| NAME | WOOF, D |
| STREET ADDRESS | 5316 53RD AVE E LOT K21 |
| CITY-ST-ZIP | BRADENTON FL |

| 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 | Boerema, Doris |
| 1.3 STREET ADDRESS | 5316 53rd. Ave. E. Q-2 |
| 1.4 CITY-ST-ZIP | Bradenton, Fl. 34203 |
| 2.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Borsvold, Donald |
| 2.3 STREET ADDRESS | 5316 53rd. Ave. E. M-8 |
| 2.4 CITY-ST-ZIP | Bradenton, Fl. 34203 |
| 3.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Eyolfson, Lorne |
| 3.3 STREET ADDRESS | 5316 53rd. Ave. E. K-28 |
| 3.4 CITY-ST-ZIP | Bradenton, Fl. 34203 |
| 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Van Steenhouse, Robert |
| 4.3 STREET ADDRESS | 5316 53rd. Ave. E. L-2 |
| 4.4 CITY-ST-ZIP | Bradenton, Fl. 34203 |
| 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Blizzard, Willard |
| 5.3 STREET ADDRESS | 5316 53rd. Ave. E. ZB-2 |
| 5.4 CITY-ST-ZIP | Bradenton, Fl. 34203 |
| 6.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Cranson, Leone |
| 6.3 STREET ADDRESS | 5316 53rd. Ave. E. N-7 |
| 6.4 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 110.07(3)(b), 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: *Melvin B. Shaiken* Melvin B. Shaiken, President 2/22/95 813.758-9316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number