

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

DOCUMENT # 768645 (4)
1. Corporation Name
WESTWINDS VILLAGE, INC.



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

Mailing Address
**5316 53RD AVE. E.
BRADENTON FL 34203**

3. Date Incorporated or Qualified
05/25/1983

3a. Date of Last Report
03/15/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0101676		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution			
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country		Zip		Country	
24		25		29		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
FL	85 Zip Code

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

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, L	1.2 NAME	Van Steenhouse, Robert
STREET ADDRESS	5316 53RD AVE E LOT N4	1.3 STREET ADDRESS	5316 53rd. Ave. E. L-2
CITY-ST-ZIP	BRADENTON, FL 00000	1.4 CITY-ST-ZIP	Bradenton, Fl. 34203
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORSVOLD, DONALD	2.2 NAME	
STREET ADDRESS	5316 53RD. AVE. E. M-8	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EYOLFSON, LORNE	3.2 NAME	
STREET ADDRESS	5316 53RD. AVE. E. K-28	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEUTE, R	4.2 NAME	Richards, Roy
STREET ADDRESS	5316 53RD AVE E LOT D10	4.3 STREET ADDRESS	5316 53rd. Ave. E. A-46
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	Bradenton, Fl. 34203
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAIKEN, MELVIN	5.2 NAME	Blizzard, Willard
STREET ADDRESS	5316 53RD AV E, LOT J-16	5.3 STREET ADDRESS	5316 53rd. Ave. F. ZB-2
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	Bradenton, Fl. 34203
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CRANSON, LEONE	6.2 NAME	
STREET ADDRESS	5316 53RD. AVE. E. N-7	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	6.4 CITY-ST-ZIP	

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 *Lorne Eyolfson* Lorne Eyolfson, President 2-16-96 941 756-7411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)