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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 768645

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/25/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0101676

Not Applicable

23 City & State

28 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOMBER, HARLAN R
 2801 FRUITVILLE RD
 SUITE 150
 SARASOTA FL 34237

"CHANGE IN ADDRESS"

81 Name

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

3900 Clark Road,

83

Suite L-1

84 City

Sarasota

FL

85 Zip Code

34233

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	PD	<input type="checkbox"/> DELETE
NAME	BOERMA, DORIS J.	
STREET ADDRESS	5316 53RD AVE. E. Q-2	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PIKE, DONALD	
STREET ADDRESS	5316 53RD AVE. E. L-5	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHUBERT, HAROLD	
STREET ADDRESS	5316 53 AVE E N08	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAUER, MARGARET	
STREET ADDRESS	5316 53RD AVE. E. F-28	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEEK, ROBERT	
STREET ADDRESS	5316 53 AVE E J-15	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CRANSON, LEONE	
STREET ADDRESS	5316 53RD. AVE. E. N-7	
CITY-ST-ZIP	BRADENTON FL	

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richards, Roy	
1.3 STREET ADDRESS	5316 53rd. Ave. E. A-46	
1.4 CITY-ST-ZIP	Bradenton, FL 34203	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Schlemann, James	
2.3 STREET ADDRESS	5316 53rd. Ave. E. J-3	
2.4 CITY-ST-ZIP	Bradenton, FL 34203	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pierson, William	
3.3 STREET ADDRESS	5316 53rd. Ave. E. F-45	
3.4 CITY-ST-ZIP	Bradenton, FL 34203	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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: *Doris Boerma* SIGNATURE REQUIRED Boerma, President 3-10-99 941 756-7411

CRP037 (1/98)