

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H51902 (5)

1. Corporation Name

WINDMILL VILLAGE SOUTH HOME OWNERS ASSOCIATION I
NCORPORATED



Principal Place of Business

3000 NORTH TUTTLE AVENUE
SARASOTA FL 34234

Mailing Address

3000 NORTH TUTTLE AVENUE
SARASOTA FL 34234

3. Date Incorporated or Qualified
04/12/1985

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOUTAR, ROBERT
3010 LAMPLIGHTER
SARASOTA FL 34234

81 Name

Rauh, Stan

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

3284 Bay Oaks Drive

83

84 City

Sarasota

FL

85 Zip Code

34234

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, Sections 607.0505, Florida Statutes.

SIGNATURE

Stanley D. Rauh

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-96

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	SOUTAR, ROBERT	
STREET ADDRESS	3010 LAMPLIGHTER	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	S	DELETE
NAME	STEINKUHLER, MARGARET	
STREET ADDRESS	3399 BAY OAKS DRIVE	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	VD	DELETE
NAME	DOWNING, DONALD S	
STREET ADDRESS	2993 REGENCY COVE	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	T	DELETE
NAME	KISKA, JERRY	
STREET ADDRESS	2929 LAMPLIGHTER	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	D	DELETE
NAME	JAMES, DORIS	
STREET ADDRESS	2918 BAY ARISTOCRAT DR	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	D	DELETE
NAME	SINCAVAGE, WILLIAM	
STREET ADDRESS	3291 BAY OAKS DRIVE	
CITY-STATE-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rauh, Stan	
1.3 STREET ADDRESS	3284 Bay Oaks Drive	
1.4 CITY-STATE-ZIP	Sarasota, FL 34234	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Devenpeck, Anne	
5.3 STREET ADDRESS	2914 Lake Haven Drive	
5.4 CITY-STATE-ZIP	Sarasota, FL 34234	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if named, or on an attachment with an address).

SIGNATURE:

Stanley D. Rauh

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-96 941-351-2202

CR2E034 (12/95)