FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H51902

(5)

WINDMILL VILLAGE SOUTH HOME OWNERS ASSOCIATION I NCORPORATED

Principal Place of Business

Mailing Address

3000 NORTH TUTTLE AVENUE SARASOTA FL 34234

3000 NORTH TUTTLE AVENUE SARASOTA FL 34234-6400

FILED										
Feb	18	1997	8:00an							
Se	ecre	tary c	of State							



2-14-97 (941) 351-4802

				'					15/1996			
2. Principal P	lace of Business	2a. Mailing Address				4	4 , F	El Number	<u> </u>	— - -	Applied For	\exists
21		26						NOT APPLICABLE			Not Applicat	ole
Suite, Apt	#, etc.	Suite, Apt. #, etc.				1 6	5. (Certificate of Status Desired		T	Additional	
City & State		City & State									Required	{
 -1	e	28				. ∤ •		lection Campaign Financing rust Fund Contribution	П		D May Be I to Fees	
23 Zip	Country	Zip	Cour	ntrv					=			
24	25	29	30	,		'		his corporation has liability for information has liability for information has liability for information in the comparison of the comparison in the compari		Mo	5. 199,032,	
==	9. Name and Address of Current	1	1987	_		10		Name and Address of New Reg				一
3284	H, STAN I BAY OAKS DRIVE ASOTA FL 34234		ļ	81 62 83	Name Street		}	HOWARD M SHOUP JR 2962 Hillcrest Dr 8arasota fl 34234-65	50			
				84	City			· · · · · · · · · · · · · · · · · · ·	FL	85 Zir	Code	\dashv
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es the ab	ove	-named	corporat	tion	submits this statement for the pu	rpose of	changing	its registere	∌d
office or r agent. La	registered agent, or both, in the State or im familiar with, and accept the obligat	of Florida. Such change was a tions of B ection 607.0505. Fix	authorized orida Statu	l by ites	the con	poration's	s bo	ard of directors. I hereby accept				- 1
SIGNATURE	Hack and M. Stgnature, typod or printed nume of registered agent	Shaup (1)	E Registered			required wh	hen re	einstaling)	2 DATE	-14	1-99	
12,	OFFICERS AND		13.					DDITIONS/CHANGES TO OFFICE				
TITLE 🗸	P	DELETE	1.1 TIT	ΙE		PRE	5	IDENT	To	Change	Addit	on 3
NAME	RAUH, STAN		1.2 NA	ME		HOU	VM	RD M. S. HOUP : HILLCREST DI	RIVE			-);
STREET ADDRESS	3284 BAY OAK DRIVE				ADDRESS	240	, ,	, MINCUITES, D.				- H
CITY - ST - ZIP	SARASOTA FL 34234		1,4 CIT		T - ZIP	200	A	SOTA, FLORIDA	342	34-6	550	{}
TITLE	S ALEDA ALEDA ADET	☐ DELETE	2.1 THT			}				Change	L) Addit	ין חם
NAME .	STEINKUHLER, MARGARET		2.2 NA									- }
STREET ADDRESS	3399 BAY OAKS DRIVE				address							ļ
CITY - ST - ZIP	SARASOTA FL	DELETE	2. 4 CIT		T-ZIP	<u> </u>				100	T Adding	_
TITLE	VD DOMAING DOMAIN C	T DETEIL	3.1 TITI			}				☐ Change	Addit	On
NAME	DOWNING, DONALD S 2993 REGENCY COVE		3.2 NAF									1
STREET ADDRESS	SARASOTA FL				ADDRESS							- }
CITY-ST-ZIP TITLE	SARASOIA FL	DELETE	3.4. CIT 4.1 TITU		T-ZIP	-06	e 1	BURER		Change	Addit	
NAME	KISKA, JERRY	UZ VILLIL	4.1 IIII			, RE		RED A. SAMI REGENTY CASOTA, FL. 3		■1 Oneilge	A000	ui)
STREET ADDRESS	2929 LAMPLIGHTER		4		ADDRESS	20	מא	O TOFCE JEJ	2011	<u> </u>		1
ì	SARASOTA FL					1	7	OCCUPACION S	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	20		1
CITY-ST-ZIP TITLE	D	▼ DELETE	4.4 CIT		1 - ZIP	- O A	<u> </u>	-1+ × 0 1 AL . W		Change	Addit	00
NAME	JAMES, DORIS	En vecele	5.2 NA			Vif	N	er.		- Sumilyo		<u>"" </u>
STREET ADDRESS	2918 BAY ARISTOCRAT DR				ADDRESS	DI	CA	(STEVENS ,	1	2		
CITY-ST-ZIP	SARASOTA FL		5.4 CIT			2903	5	STEVENS ROCKWOOD CVI SO	nasot	2742	34	1
TITLE	D	DELETE	6.4 CH	$\overline{}$	- 211	<u> </u>				Change		ion
NAME .	SINCAVAGE, WILLIAM		6.2 NAM									
STREET ADDRESS	3291 BAY OAKS DRIVE				ADDRESS	İ						- [
CHTY-ST-ZIP	SARASOTA FL		6.4 CIT									1
14. I do here!	by certify that the information supplied	with this filing does not quali	fy for the e	exer	mption s	tated in S	Sec	ion 119.07(3)(i), Florida Statutes	. I further	certify the	at the	\exists
l am an o	in indicated on this annual report or su flicer or director of the corporation or t in Block 12 or Block 13 if changed, or i	he receiver or trustee empow	rered to ex	ccu keci	rate and ute this i	that my report as	sigi req	nature shall have the sam e lega l uired by Chapter 607, Fl orida S t	effect as atutes; ar	if made u id that my	nder oath; t rname	nati