


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90057 013 ****61.25

DOCUMENT # N00864 1. Entity Name CORTEZ WINDMILL VILLAGE HOME OWNERS' ASSOCIATION, INC.	
--	---

Principal Place of Business 3301 CORTEZ RD W BRADENTON, FL 34205-7517 US	Mailing Address PO BOX 551 BRADENTON, FL 34206 US
--	---

DO NOT WRITE IN THIS SPACE



01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2475546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAMRICK, MICHAEL W 601 12TH ST W BRADENTON, FL 34205	DO NOT WRITE IN THIS SPACE
---	-------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCGRATH, GESIE <i>GESIEN</i> 3301 CORTEZ RD W 43 BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLOWELL, CHARLES 3301 CORTEZ RD WEST #36 BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, MARGUERITE #21 3301 CORTEZ RD W BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOELFEL, DONALD 3301 CORTEZ RD W # 76 BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AARDSMA, EVELYN 3301 CORTEZ RD WEST #77 BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, PATRICK 3301 CORTEZ RD W # 65 BRADENTON, FL 34207

DO NOT WRITE
IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE <i>Gesien McGrath</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3-29-04 Date	941-727-5953 Daytime Phone #
---	-----------------	---------------------------------

