# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**May 02, 2007 8:00 am**
**Secretary of State**
03-21-2007 90043 018 ****61.25

DOCUMENT # N06000006952

1. Entity Name

WINDMILL VILLAGE HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 529 VERSAILLES DR - STE 103<br>MAITLAND FL 32751 | 529 VERSAILLES DR - STE 103<br>MAITLAND FL 32751 |

1st MOORE CR2E037 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 20-8208889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| COLLING, LEE JAY ATTY<br>529 VERSAILLES DR - STE 103<br>MAITLAND FL 32751 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| | | ☑ Delete | | ☐ Change | ☑ Addition |
| TITLE | PD | | TITLE | PRESIDENT | |
| NAME | COLEMAN, LEE A | | NAME | THERRIAN, JOANNE | |
| STREET ADDRESS | 127 AMSTERDAM | | STREET ADDRESS | 368 HAGUE ST. | |
| CITY-ST-ZIP | N FT MYERS FL 33903 | | CITY-ST-ZIP | N. FT. MYERS FL 33903 | |
| | | ☐ Delete | | ☑ Change | ☐ Addition |
| TITLE | VPD | | TITLE | DIRECTOR | |
| NAME | SAGE, ROBERT E | | NAME | SAGE, ROBERT E. | |
| STREET ADDRESS | 173 BOXMEER DR | | STREET ADDRESS | 173 BOXMEER DR | |
| CITY-ST-ZIP | N FT MYERS FL 33903 | | CITY-ST-ZIP | N. FT. MYERS FL 33903 | |
| | | ☐ Delete | | ☑ Change | ☐ Addition |
| TITLE | SD | | TITLE | SD | |
| NAME | WRIGHT, HOWARD S. | | NAME | WRIGHT, HOWARD S. | |
| STREET ADDRESS | 79 RHINE DR | | STREET ADDRESS | 96 RHINE DR. | |
| CITY-ST-ZIP | N FT MYERS FL 33903 | | CITY-ST-ZIP | N. FT MYERS FL 33903 | |
| | | ☐ Delete | | ☐ Change | ☐ Addition |
| TITLE | TD | | TITLE | TD | |
| NAME | BALDWIN, ANITA A | | NAME | BALDWIN, ANITA A | |
| STREET ADDRESS | 161 BOXMEER DR | | STREET ADDRESS | 161 BOXMEER DR | |
| CITY-ST-ZIP | N FT MYERS FL 33903 | | CITY-ST-ZIP | N. FT. MYERS FL 33903 | |
| | | ☐ Delete | | ☐ Change | ☐ Addition |
| TITLE | D | | TITLE | D | |
| NAME | EWING, MARVIN W | | NAME | EWING, MARIN W | |
| STREET ADDRESS | 275 N AMERS ST | | STREET ADDRESS | 275 N. AMERS ST | |
| CITY-ST-ZIP | N FT MYERS FL 33903 | | CITY-ST-ZIP | N. FT. MYERS FL 33903 | |
| | | ☐ Delete | | ☐ Change | ☐ Addition |
| TITLE | D | | TITLE | D | |
| NAME | GRECO, EUGENE F | | NAME | GRECO, EUGENE F. | |
| STREET ADDRESS | 410 ENDOVEN ST | | STREET ADDRESS | 410 ENDOVEN ST | |
| CITY-ST-ZIP | N FT MYERS FL 33903 | | CITY-ST-ZIP | N. FT MYERS FL 33903 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Anita Baldwin Treasurer 3/10/07 (239) 656-2867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANITA BALDWIN

ATTACHMENT 660126631

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DOCUMENT #06000006952

WINDMILL VILLAGE HOMEOWNERS ASSOCIATION, INC.

ADDITION/CHANGES TO OFFICERS AND DIRECTORS

VPD Addition
Varin, Edmund
18 Delft Ave.
N. Ft. Myers, FL 33903