2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006952

FILED Feb 03, 2012 Secretary of State

Entity Name: WINDMILL VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1833 HENDRY STREET 499 WINDMILL BLVD

FORT MYERS, FL 33901 NORTH FORT MYERS, FL 33903

Current Mailing Address: New Mailing Address:

1833 HENDRY STREET 499 WINDMILL BLVD

FORT MYERS, FL 33901 NORTH FORT MYERS, FL 33903

FEI Number: 20-8208889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHIELDS, CHRISTOPHER, J ATTY 1833 HENDRY STREET FORT MYERS, FL 33901 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: THOMAS, SHARRON Address: 385 BERGEN STREET

City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VPD

Name: COMSTOCK, JAMES Address: 351 HANS BRINKER

City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SD

Name: SMITH, LAURA Address: 256 NETHERLAND

City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD

Name: AMERMAN, KEN Address: 481 TULIP TERRACE

City-St-Zip: NORTH FORT MYERS, FL 33903

Title:

Name: BRETYN, JUDY Address: 334 SOUTH AMERS

City-St-Zip: NORTH FORT MYERS, FL 33903

Title: [

Name: WEISS, LIZ Address: 487 ZUIDER ZEE

City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARRON THOMAS PRES 02/03/2012