

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 01, 2012
Secretary of State

DOCUMENT# N06000006952

Entity Name: WINDMILL VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**499 WINDMILL BLVD.
NORTH FORT MYERS, FL 33903**New Principal Place of Business:****Current Mailing Address:**499 WINDMILL BLVD.
NORTH FORT MYERS, FL 33903**New Mailing Address:****FEI Number:** 20-8208889**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHIELDS, CHRISTOPHER, J ATTY
1833 HENDRY STREET
FORT MYERS, FL 33901 US**Name and Address of New Registered Agent:**

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: PD
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: D
Name: BRETYN, JUDY
Address: 334 SOUTH AMERS
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D
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

PD

03/01/2012

Electronic Signature of Signing Officer or Director

Date