

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12590 (8)

1. Corporation Name

BAYSHORE WINDMILL VILLAGE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

603 63RD AVE. WEST
G-16
BRADENTON FL 34207

603 63RD AVE. WEST
G-16
BRADENTON FL 34207

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

3. Date Incorporated or Qualified
12/17/1985

3a. Date of Last Report
02/10/1995

4. FEI Number
59-2530613

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNHART, IRVIN A
603 63RD AVENUE WEST 16-G
BAYSHORE WINDMILL VILLAGE
BRADENTON FL 34207

81 Name Schnurbush, John
82 Street Address (P.O. Box Number is Not Acceptable)
603 63rd Ave W T-14
83
84 City Bradenton FL 85 Zip Code 34207

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE John V. Schnurbush

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MCCORMICK, RAY	
STREET ADDRESS	603 W 63RD AVENUE W L-6	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DAP	<input checked="" type="checkbox"/> DELETE
NAME	STEARNS, ROGER	
STREET ADDRESS	603 W 63RD AVE W C-8	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KASTELIN, LEN	
STREET ADDRESS	603 W 63RD AVE W I-4	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHNURBUSH, JOHN	
STREET ADDRESS	603 W 63RD AVE WEST T-14	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	DAT	<input checked="" type="checkbox"/> DELETE
NAME	EVERITT, LARRY	
STREET ADDRESS	603 W 63RD AVE W R-9	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	NAYLOR, MARY ALICE	
STREET ADDRESS	603 W 63RD AVE WEST E-11	
CITY-ST-ZIP	BRADENTON FL 34207	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Crosby, Jacqueline	
1.3 STREET ADDRESS	603 63rd Ave W J-1	
1.4 CITY-ST-ZIP	Bradenton, FL 34207	
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Izzo, Mike	
2.3 STREET ADDRESS	603 63rd Ave W. K-14	
2.4 CITY-ST-ZIP	Bradenton, FL 34207	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sargeant, AL	
3.3 STREET ADDRESS	603 63rd Ave W A-10	
3.4 CITY-ST-ZIP	Bradenton, FL 34207	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Skerritt, Don	
4.3 STREET ADDRESS	603 63rd Ave W T-26	
4.4 CITY-ST-ZIP	Bradenton, FL 34207	
5.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bizarro, Barbara	
5.3 STREET ADDRESS	603 63rd Ave W T-13	
5.4 CITY-ST-ZIP	Bradenton, FL 34207	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jacqueline Crosby

4-29-96

941-799-9125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)