

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32704 (1)

1. Corporation Name

WINDSONG OF WAKULLA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

43 Windsong Cir. S.
~~RT. 6, BOX 8414-12~~
CRAWFORDVILLE FL 32327
US

Mailing Address

43 Windsong Cir. S.
~~RT. 6, BOX 8414-12~~
CRAWFORDVILLE FL 32327
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
06/07/1989

3a. Date of Last Report
02/13/1995

4. FEI Number

59-3022257

Applied For
Not Applicable

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

LEIGH, SUZANNE

~~RT. 6, BOX 8414-12~~ **43 Windsong Cir. S.**
CRAWFORDVILLE FL 32327

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Suzanne M. Leigh
Signatures: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	PILGRIM, LEO	RT. 6, BOX 8414-11 49 Windsong Cir. S.	CRAWFORDVILLE FL
V	ZANCO, WALT	RT. 6, BOX 8414-17 100 Windsong Cir. S.	CRAWFORDVILLE FL
ST	LEIGH, SUZANNE	RT. 6, BOX 8414-12 43 Windsong Cir. S.	CRAWFORDVILLE FL
D	RICKS, GLENDA	RT. 6, BOX 8414-14 22 Windsong Cir. S.	CRAWFORDVILLE FL
D	MOSSER, GENE	RT. 6, BOX 8414-6 146 Windsong Cir. N.	CRAWFORDVILLE FL
D	MITCHELL, JEFFREY	RT. 6, BOX 8414-4 112 Windsong Cir. N.	CRAWFORDVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	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:

Suzanne M. Leigh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

Date

926-3459

Daytime Phone #

CR2E037 (12/95)