FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY 23 AM 8:19

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****130.00 ****130.00

DOCUMENT # N94000005114

1. Corporation Name: WINDMILL VILLAGE MANUFACTURED HOME OWNERS' INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
	c/o GEORGE L. MCALLISTER 476 NETHERLAND AVE. NO FT MYERS, FL. 33903

3. Date Incorporated or Qualified: | 3a. Date of Last Report:

4. FEI Number: 59-240/2179 | Applied For | Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 476 NETHERLAND AVE.
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23 N FT MYERS, FL	City & State 28 N FT MYERS, FL
Zip 24 33903 County 25 LEE	Zip 29 33903 County 30 LEE

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOSEPH T. SULLIVAN 166 BOXMEER DR WINDMILL VILLAGE N. FT MYERS FL. 33903	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: JOSEPH T. SULLIVAN — 4-10-95
(Signature, typed or printed name of registered agent and title if same does) (Date) (Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	JOSEPH SULLIVAN,	12 NAME	BETTY LEWIS,
STREET ADDRESS	166 BOXMEER,	13 STREET ADDRESS	470 COPENHAGEN
CITY ST ZIP	NO FT MYERS, FL. 33903	14 CITY ST ZIP	NO. FT. MYERS, FL. 33903
TITLE	TREASURER	21 TITLE	☐ Change ☐ Addition
NAME	GEORGE L. MCALLISTER,	22 NAME	
STREET ADDRESS	476 NETHERLAND AVE,	23 STREET ADDRESS	
CITY ST ZIP	NO. FT. MYERS, FL. 33903	24 CITY ST ZIP	
TITLE	ASST TREASURER	31 TITLE	☐ Change ☐ Addition
NAME	LEE COBURN	32 NAME	
STREET ADDRESS	110 RHINE	33 STREET ADDRESS	
CITY ST ZIP	NO FT. MYERS, FL. 33903	34 CITY ST ZIP	
TITLE	DIRECTOR	41 TITLE	☐ Change ☐ Addition
NAME	JOHN ZINGER	42 NAME	
STREET ADDRESS	247 NETHERLAND AVE	43 STREET ADDRESS	
CITY ST ZIP	NO. FT. MYERS, FL. 33903	44 CITY ST ZIP	
TITLE	DIRECTOR	51 TITLE	☐ Change ☐ Addition
NAME	WM. SORENSON,	52 NAME	
STREET ADDRESS	130 LUCERNE	53 STREET ADDRESS	
CITY ST ZIP	NO. FT. MYERS, FL. 33903	54 CITY ST ZIP	
TITLE	DIRECTOR	61 TITLE	☐ Change ☐ Addition
NAME	VIRGINIA HOOPER,	62 NAME	
STREET ADDRESS	235 LUCERNE,	63 STREET ADDRESS	
CITY ST ZIP	NO. FT. MYERS, FL. 33905	64 CITY ST ZIP	

REMITTED BY MAY 1 RC

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)(i), 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: George L. McAllister — 4/10/95 — (813) 995-7072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

GEORGE L. MCALLISTER