

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 # N94000005114 (3)

1. Corporation Name

WINDMILL VILLAGE MANUFACTURED HOME OWNERS, INC.

Principal Place of Business

476 NETHERLAND AVE
NORTH FT MYERS FL 33903

Mailing Address

476 NETHERLAND AVE
NORTH FT MYERS FL 33903



3. Date Incorporated or Qualified
10/17/1994

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

2a. Mailing Address

21 433 Windmill Blvd

26 433 Windmill Blvd

4. FEI Number
59-2402179

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 NORTH FORT MYERS, FL.

28 NORTH FORT MYERS, FL.

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 33903-2147

25 LEE

29 33903-2147

30 LEE

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

SULLIVAN, JOSEPH T
166 BOXMEER DR
NORTH 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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SULLIVAN, JOSEPH T
STREET ADDRESS 166 BOXMEER DR
CITY-ST-ZIP NORTH FT MYERS FL ☐ DELETE

1.1 TITLE D-T
1.2 NAME GLORIA A. Tomich
1.3 STREET ADDRESS 433 WINDMILL BLVD
1.4 CITY-ST-ZIP NORTH FORT MYERS, FL. 33903-2147 ☐ Change ☐ Addition

TITLE D
NAME ZINGER, JOHN
STREET ADDRESS 247 NETHERLAND DR
CITY-ST-ZIP NORTH FT MYERS FL ☒ DELETE

2.1 TITLE D-S
2.2 NAME BETTY LEWIS
2.3 STREET ADDRESS 370 COPENHAGEN ST.
2.4 CITY-ST-ZIP NORTH FORT MYERS, FL. 33903 ☐ Change ☐ Addition

TITLE D
NAME MCALLISTER, GEORGE
STREET ADDRESS 476 NETHERLAND DR
CITY-ST-ZIP N FT MYERS FL 33903 ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: GLORIA A. Tomich - Gloria A. Tomich 3/18/96 941-997-5253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)