


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N94000005114 (3)</b>			
1. Corporation Name <b>WINDMILL VILLAGE MANUFACTURED HOME OWNERS, INC.</b>			
Principal Place of Business <b>433 WINDMILL BLVD NORTH FT MYERS FL 33903-2147</b>		Mailing Address <b>433 WINDMILL BLVD NORTH FT MYERS FL 33903-2147</b>	
2. Principal Place of Business <b>21 16131 N. CLEVELAND AVE</b>		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>23 NORTH FORT MYERS, FL</b>		City & State	
Zip <b>24 33903</b>	Country <b>25 USA</b>	Zip	Country
9. Name and Address of Current Registered Agent <b>SULLIVAN, JOSEPH T 166 BOXMEER DR NORTH FT MYERS FL 33903</b>		10. Name and Address of New Registered Agent	
81 Name <b>MILANO, JOSEPH</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>37 NYBORG</b>	
83		84 City <b>NORTH FORT MYERS FL</b>	
85 Zip Code <b>33903</b>		86	
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 <i>Joseph D. Milano</i> <b>JOSEPH D. MILANO</b> <b>FEB. 6, 1997</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing.) DATE			
12. OFFICERS AND DIRECTORS			
TITLE <b>D</b>	NAME <b>SULLIVAN, JOSEPH T</b>	STREET ADDRESS <b>166 BOXMEER DR NORTH FT MYERS FL</b>	
CITY-ST-ZIP <b></b>	CITY-ST-ZIP <b></b>		
TITLE <b>TD</b>	NAME <b>TOMICH, GLORIA A</b>	STREET ADDRESS <b>433 WINDMILL BLVD NORTH FT MYERS FL 33903-2147</b>	
CITY-ST-ZIP <b></b>	CITY-ST-ZIP <b></b>		
TITLE <b>SD</b>	NAME <b>LEWIS, BETTY</b>	STREET ADDRESS <b>370 COPENHAGEN STREET N FORT MYERS FL 33903</b>	
CITY-ST-ZIP <b></b>	CITY-ST-ZIP <b></b>		
TITLE <b></b>	NAME <b></b>	STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	CITY-ST-ZIP <b></b>		
TITLE <b></b>	NAME <b></b>	STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	CITY-ST-ZIP <b></b>		
TITLE <b></b>	NAME <b></b>	STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	CITY-ST-ZIP <b></b>		
TITLE <b></b>	NAME <b></b>	STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	CITY-ST-ZIP <b></b>		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <b>DIRECTOR</b>			
1.2 NAME <b>MILANO, JOSEPH</b>			
1.3 STREET ADDRESS <b>37 NYBORG</b>			
1.4 CITY-ST-ZIP <b>NORTH FORT MYERS, FL 33903</b>			
2.1 TITLE <b></b>			
2.2 NAME <b></b>			
2.3 STREET ADDRESS <b></b>			
2.4 CITY-ST-ZIP <b></b>			
3.1 TITLE <b></b>			
3.2 NAME <b></b>			
3.3 STREET ADDRESS <b></b>			
3.4 CITY-ST-ZIP <b></b>			
4.1 TITLE <b></b>			
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4.4 CITY-ST-ZIP <b></b>			
5.1 TITLE <b></b>			
5.2 NAME <b></b>			
5.3 STREET ADDRESS <b></b>			
5.4 CITY-ST-ZIP <b></b>			
6.1 TITLE <b></b>			
6.2 NAME <b></b>			
6.3 STREET ADDRESS <b></b>			
6.4 CITY-ST-ZIP <b></b>			
14. I do hereby certify that the information supplied with this filing 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: <i>Gloria A. Tomich</i> <b>GLORIA A. Tomich-2/6/97-941-997-5253</b>			



CR2E037 (9/96)