

FILE NOW: FILING FEE IS \$61.25

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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
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**DOCUMENT # N94000005114 (3)**  
 1. Corporation Name  
**WINDMILL VILLAGE MANUFACTURED HOME OWNERS, INC.**

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>
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2. Principal Place of Business <b>21 16131 N. CLEVELAND AVE</b>		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/17/1994</b>	3a. Date of Last Report <b>03/22/1996</b>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>59-2402179</b>	Applied For Not Applicable
23 City & State <b>NORTH FORT MYERS, FL</b>		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 Zip <b>33903</b>	25 Country <b>USA</b>	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent <b>SULLIVAN, JOSEPH T 166 BOXMEER DR NORTH FT MYERS FL 33903</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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>	

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: *Joseph D. Milano* **JOSEPH D. MILANO** DATE: **FEB. 6, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SULLIVAN, JOSEPH T</b>		1.2 NAME <b>MILANO, JOSEPH</b>	
STREET ADDRESS <b>166 BOXMEER DR</b>		1.3 STREET ADDRESS <b>37 NYBORG</b>	
CITY-ST-ZIP <b>NORTH FT MYERS FL</b>		1.4 CITY-ST-ZIP <b>NORTH FORT MYERS, FL, 33903</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TOMICH, GLORIA A</b>		2.2 NAME	
STREET ADDRESS <b>433 WINDMILL BLVD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH FT MYERS FL 33903-2147</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEWIS, BETTY</b>		3.2 NAME	
STREET ADDRESS <b>370 COPENHAGEN STREET</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>N FORT MYERS FL 33903</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Gloria A. Tomich* **GLORIA A. Tomich-2/6/97-941-997-5253**

CFR2E037 (9/96)