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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 16131 N CLEVELAND AVE NORTH FT MYERS FL 33903-2147 US	Mailing Address 433 WINDMILL BLVD NORTH FT MYERS FL 33903-2147
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3. Date Incorporated or Qualified 10/17/1994	
4. FEI Number 59-2402179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MILANO, JOSEPH
37 NYBORG
NORTH FT MYERS FL 33903**

10. Name and Address of New Registered Agent

81 Name WILLIAM SORENSON	
82 Street Address (P.O. Box Number is Not Acceptable) 138 LUCERNE	
83	
84 City NORTH FORT MYERS FL	85 Zip Code 33903

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 William Sorenson, DIRECTOR - PRESIDENT - William Sorenson DATE Jan 29, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DIRECTOR - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILANO, JOSEPH		1.2 NAME WILLIAM SORENSON	
STREET ADDRESS 37 NYBORG		1.3 STREET ADDRESS 138 LUCERNE	
CITY-ST-ZIP NORTH FT MYERS FL		1.4 CITY-ST-ZIP N. FT. MYERS, FL - 33903	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOMICH, GLORIA A		2.2 NAME	
STREET ADDRESS 433 WINDMILL BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP NORTH FT MYERS FL 33903-2147		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, BETTY		3.2 NAME	
STREET ADDRESS 370 COPENHAGEN STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP N FORT MYERS FL 33903		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE JOHN FRITZ - V. PRES - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME 73 BERN	
STREET ADDRESS		4.3 STREET ADDRESS NO. FT. MYERS, FL. 33903	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME ROBERT POTTS	
STREET ADDRESS		5.3 STREET ADDRESS 154 BOX MEER	
CITY-ST-ZIP		5.4 CITY-ST-ZIP NO. FT. MYERS, FL. 33903	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME MRS DOROTHY LOCKHART	
STREET ADDRESS		6.3 STREET ADDRESS 465 DYKE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP NO. FT. MYERS, FL. 33903	

14. I 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, Treasurer GLORIA A. Tomich 1/29/98 (941) 997-5253

CRE037 (10/97)