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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005114

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/17/1994

4. FEI Number

59-2402179

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**SORENSEN, WILLIAM
138 LUCERNE
NORTH FT MYERS FL 33903**

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE **DP**
NAME **SORENSEN, WILLIAM**
STREET ADDRESS **135 LUCERNE**
CITY-ST-ZIP **NORTH FT MYERS FL 33903**

TITLE **TD**
NAME **TOMICH, GLORIA A**
STREET ADDRESS **433 WINDMILL BLVD**
CITY-ST-ZIP **NORTH FT MYERS FL 33903-2147**

TITLE **SD**
NAME **LEWIS, BETTY**
STREET ADDRESS **370 COPENHAGEN STREET**
CITY-ST-ZIP **N FORT MYERS FL 33903**

TITLE **VPD**
NAME **FRITZ, JOHN**
STREET ADDRESS **73 BERN**
CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE **D**
NAME **POTTS, ROBERT**
STREET ADDRESS **154 BOXMEER**
CITY-ST-ZIP **N. FT. MYERS FL 33903**

TITLE **D**
NAME **LOCKHART, DOROTHY MRS.**
STREET ADDRESS **465 DYKE**
CITY-ST-ZIP **N. FT. MYERS FL 33903**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

STURGEON, Tom
446 TULIP
N. FORT MYERS, FL 33903

MUELLER, CORLISS
188 EL BURG
N. FORT 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, with all other like empowered.

SIGNATURE:

Gloria A Tomich March 23, 1999 (941) 997-5253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)