

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005114

1. Entity Name  
WINDMILL VILLAGE MANUFACTURED HOME OWNERS, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**  
03-03-2000 90220 002 \*\*\*\*61.25

Principal Place of Business Mailing Address  
16131 N CLEVELAND AVE 433 WINDMILL BLVD  
NORTH FT MYERS FL 33903-2147 NORTH FT MYERS FL 33903-2147  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country LEE Zip Country LEE

4. FEI Number 59-2402179 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SORENSEN, WILLIAM  
138 LUCERNE  
NORTH FT MYERS FL 33903

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> Delete
NAME	SORENSEN, WILLIAM	
STREET ADDRESS	135 LUCERNE	
CITY-ST-ZIP	NORTH FT MYERS FL 33903	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOMICH, GLORIA A	
STREET ADDRESS	433 WINDMILL BLVD	
CITY-ST-ZIP	NORTH FT MYERS FL 33903-2147	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, BETTY	
STREET ADDRESS	370 COPENHAGEN STREET	
CITY-ST-ZIP	N FORT MYERS FL 33903	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STURGEON, TOM	
STREET ADDRESS	446 TULIP	
CITY-ST-ZIP	N FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUELLER, CORLISS	
STREET ADDRESS	188 EL BURG	
CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	John Cummings	
STREET ADDRESS	8 DELFT	
CITY-ST-ZIP	N. FT. MYERS, FL 33903	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, Betty	
STREET ADDRESS	32 NYBORG	
CITY-ST-ZIP	N. FT. MYERS, FL 33903	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL CAREW	
STREET ADDRESS	296 COPENHAGEN	
CITY-ST-ZIP	N. FT. MYERS, FL 33903	
TITLE	JOHN FRITZ - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	73 BERN	
STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS, FL 33903	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria A. Tomich, 2/24/00 941-997-5253  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)