

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0045595

DOCUMENT # N94000005114

1. Entity Name

WINDMILL VILLAGE MANUFACTURED HOME OWNERS, INC.

04-02-2002 90903 015 ****61.25

Principal Place of Business

Mailing Address

16131 N CLEVELAND AVE
NORTH FT MYERS FL 33903-2147
US

433 WINDMILL BLVD
NORTH FT MYERS FL 33903-2147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2402179

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME DP
STREET ADDRESS SORENSON, WILLIAM
CITY-ST-ZIP 135 LUCERNE
NORTH FT MYERS FL 33903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD
STREET ADDRESS STEVENS, BETTY
CITY-ST-ZIP 32-NYBORG
N FORT MYERS FL 33903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME VPD
STREET ADDRESS CAREW, CARL
CITY-ST-ZIP 296 COPENHAGEN
N FORT MYERS FL 33903

TITLE ☒ Change ☐ Addition
NAME VPD
STREET ADDRESS JOHN N FRITZ
CITY-ST-ZIP 73 BERNDR
NORTH FT. MYERS, FL. 33903

TITLE ☐ Delete
NAME D
STREET ADDRESS MUELLER, CORLISS
CITY-ST-ZIP 188 EL BURG
N. FT. MYERS FL 33903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS CUMMINGS, JOHN
CITY-ST-ZIP 8 DELFT AVE
NORTH FORT MYERS FL 33903

TITLE ☐ Change ☐ 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* **GLORIA A. Tomich** *3/27/02 - 239-997-5253*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Date Daytime Phone #

CR2E037 (9/01)