


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90011 002 ****61.25

DOCUMENT # N94000005114	
1. Entity Name WINDMILL VILLAGE MANUFACTURED HOME OWNERS, INC.	

Principal Place of Business 16131 N CLEVELAND AVE NORTH FT MYERS, FL 33903-2147 US	Mailing Address 499 WINDMILL BLVD. NORTH FORT MYERS, FL 33903
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02152006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2402179	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
COLLING, LEE JAY 682 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701	

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SARNO, JOSEPH 18 DELFT AVENUE NORTH FT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERT SAGE 173 BOX MEER DR. N. FT. MYERS, FL. 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, JUANITA 161 BOX MEER DR. NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, HOWARD 76 RHINE DRIVE N FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLEMAN, LEE 127 AMSTERDAM NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUELLER, CORLISS 188 EL BURG N. FT. MYERS, FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARVIN EWING 275 N. AMERS ST. N. FT. MYERS, FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMICH, GLORIA 433 WINDMILL BLVD NORTH FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUGENE GRECO 410 ENDOVEN ST. N. FT. MYERS, FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: HOWARD WRIGHT **2006 FEB 22** **239-656-0241**
Signature and typed or printed name of signing officer or director Date Daytime Phone #


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ATTACHMENT

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COLLING, LEE JAY 682 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	DT SARNO, JOSEPH 18 DELFT AVENUE NORTH FT MYERS, FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	JAMES WILLS 441 TULIP TERRACE N. FT. MYERS, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BALDWIN, JUANITA 161 BOX MEER DR. NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD WRIGHT, HOWARD 76 RHINE DRIVE N FORT MYERS, FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____		_____		2006 FEB 22 239-656-0241	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	