

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90072 009 \*\*\*\*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

**433 WINDMILL BLVD  
NORTH FT MYERS FL 33903-2147**

2. Principal Place of Business

3. Mailing Address

**356 HANS BRINKER ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NORTH FT. MYERS FL**

Zip

Country

Zip

Country

**33903**

**USA**

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  
**ALEXANDER MALASPINO**  
Street Address (P.O. Box Number is Not Acceptable)  
**129 LUCERNE AVE**  
City  
**NORTH FT. MYERS** FL Zip Code  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Alexander Malaspino*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-19-03**

DATE

**FILE NOW: FEE IS \$61.25**

**CK# 570**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SORENSEN, WILLIAM 135 LUCERNE NORTH FT MYERS FL 33903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOMICH, GLORIA-A 433 WINDMILL BLVD NORTH FT MYERS FL 33903-2147 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEVENS, BETTY ELIZABETH 32 NYBORG N FORT MYERS FL 33903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRITZ, JOHN 73 BERN DR FORT MYERS FL 33903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, CORLISS 188 ELBURG ELBURG N. FT. MYERS FL 33903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, JOHN 8 DELFT AVE NORTH FORT MYERS FL 33903 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALEXANDER MALASPINO 129 LUCERNE AVE. NORTH FT. MYERS FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP GLORIA A. TOMICH 433 WINDMILL BLVD. NORTH FT. MYERS FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T JOHN C. SCHUELLER 356 HANS BRINKER ST. NORTH FT MYERS FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUGENE GRECO 410 ENDOVEN ST. NORTH FT. MYERS FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*JOHN C. SCHUELLER*  
**SIGNATURE OF REGISTERED AGENT REQUIRED**

**Jan 23, 2003**

**239-656-5210**

CR2E037 (10/02)

Attachment

90016342  
N94000005114

Windmill Village Manufactured Home Owners, Inc.

Federal Employer Identification 59-2402179

Calendar Year 2003

Directors-Officers

Director- President

Alexander Malaspino  
129 Lucerne Ave.  
North Fort Myers, FL 33903

Director- Vice President

Gloria Tomich  
433 Windmill Blvd.  
North Fort Myers, FL 33903

Director-Secretary

Elizabeth N. Stevens  
32 Nyborg Ave.  
North Fort Myers, FL 33903

Director- Treasurer

John C. Schueller  
356 Hans Brinker St.  
North Fort Myers, FL 33903

Director

Eugene Greco  
410 Endoven St.  
North Fort Myers, FL 33903

Director

Cortiss Mueller  
188 Elburg Dr.  
North Fort Myers, FL 33903

Director

John Cummings  
8 Delft Ave.  
North Fort Myers, FL 33903