04141999-90154-050-$122.50-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000727

1. Corporation Name
WINDMILL VILLAGE SOUTH HOMEOWNERS ASSOCIATION OF SARASOTA INC.

Principal Place of Business	Mailing Address
3000 NORTH TUTTLE AVE. SARASOTA FL 34234	3000 NORTH TUTTLE AVE. SARASOTA FL 34234

4/14/99 90154050 $61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/09/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2645721 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEVENPECK, WILLIAM D 2914 LAKE HAVEN DR. SARASOTA FL 34234	81 Name BERT SHIPLEY 82 Street Address (P.O. Box Number is Not Acceptable) 2802 PALM LAKE DRIVE 83 SARASOTA FL 84 City FL 85 Zip Code 34234

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEVENPECK, WILLIAM D 2914 LAKE HAVEN DR. SARASOTA FL 34234	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRES. BERT SHIPLEY 2802 PALM LAKE DR SARASOTA FL 34234 D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V.P. RICHARD STEVENS 2905 ROCKWOOD COVE SARASOTA FL 34234 D	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREA. ROBERT BOCKOFF 2974 ROCKWOOD COVE SARASOTA FL 34234 D	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TRUSTEE RALPH JAMES 2918 BAY ARISTOCRAT SARASOTA FL 34234 D	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition KE

CR2E037 (5/00)

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: SIGNATURE REQUIRED BERT SHIPLEY 9/1/99 941 3518420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #