

DOCUMENT # N98000000727

1. Entity Name

WINDMILL VILLAGE SOUTH HOMEOWNERS ASSOCIATION OF

Principal Place of Business

3000 NORTH TUTTLE AVE.  
SARASOTA FL 34234

Mailing Address

3000 NORTH TUTTLE AVE.  
SARASOTA FL 34234-6400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2645721

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHIPLEY, BERT  
2802 PALM LAKE DRIVE  
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name

ROBERT H. HEYER

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

3709 BAY ARISTOCRAT DR.

City

SARASOTA

FL

Zip Code

34234

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

*Robert H. Hoyer*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHIPLEY, BERT	
STREET ADDRESS	2802 PALM LAKE DR.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, RICHARD	
STREET ADDRESS	2905 ROCKWOOD COVE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOCKOFF, ROBERT	
STREET ADDRESS	2974 ROCKWOOD COVE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JAMES, RALPH	
STREET ADDRESS	2918 BAY ARISTOCRAT	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ROBERT H. HEYER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3709 BAY ARISTOCRAT DR.	
STREET ADDRESS	SARASOTA, FLA. 34234	
CITY-ST-ZIP		
TITLE	DONALD DOWNING SR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7993 REGENCY COVE	
STREET ADDRESS	SARASOTA, FLA. 34234	
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

355-6204

Daytime Phone #

FILED  
May 09, 2000 8:00 am  
Secretary of State

04-06-2000 90087 001 \*\*\*122.50



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)