

2001 UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-17-2001 90077 016 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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

7. Name and Address of New Registered Agent

HEYER, ROBERT H
3209 BAY ARISTOCRAT DR
SARASOTA FL 34234

Name Donald B. Downing, Sr. President

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

2993 Regency Cove

City

Sarasota

FL

Zip Code

34234-6430

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

Donald B. Downing, Sr.
Donald B. Downing, Sr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEYER, ROBERT 3209 BAY ARISTOCRAT DR SARASOTA FL 34234	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPX President DOWNING, DONALD SR. 2993 REGENCY COVE SARASOTA FL 34234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOCKOFF, ROBERT 2974 ROCKWOOD COVE SARASOTA FL 34234	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAMES, RALPH 2918 BAY ARISTOCRAT SARASOTA FL 34234	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Terry Katt 2893 Lake Haven Dr. Sarasota, FL 34234-6430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Margaret Steinkuhler 3399 Bay Oaks Dr. Sarasota, FL 34234	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Mildred Sampery 2948 Regency Cove Sarasota, FL 34234	<input type="checkbox"/> Change <input 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
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:

SUBSCRIBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/05/01 944 355-7027

Date

Daytime Phone #

CR2E037 (10/00)