

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90214 001 \*\*\*122.50

**DOCUMENT # N98000000727**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2645721**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DOWNING, DONALD B SR  
2993 REGENCY COVE  
SARASOTA FL 34234**

Name

**Lander H. Gunn**

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

**2918 Cimarron Cove**

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

**LANDER H. GUNN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/6/02**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TR** ☒ Delete  
NAME **SAMPREY, MILDRED**  
STREET ADDRESS **2948 REGENCY COVE**  
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Lander H. Gunn**  
STREET ADDRESS **2918 Cimarron Cove**  
CITY-ST-ZIP **Sarasota, FL 34234**

TITLE **VPD** ☒ Delete  
NAME **DOWNING, DONALD SR.**  
STREET ADDRESS **2993 REGENCY COVE**  
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Robert Hoyer**  
STREET ADDRESS **3209 Bay Aristocrat**  
CITY-ST-ZIP **Sarasota, FL 34234**

TITLE **TD** ☒ Delete  
NAME **BOCKOFF, ROBERT**  
STREET ADDRESS **2974 ROCKWOOD COVE**  
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **TD** ☒ Change ☐ Addition  
NAME **William Baqquley**  
STREET ADDRESS **2825 Golden Terrace**  
CITY-ST-ZIP **Sarasota, FL 34234**

TITLE **VP** ☒ Delete  
NAME **KATT, TERRY**  
STREET ADDRESS **2893 LAKE HAVEN DR.**  
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **S** ☒ Change ☐ Addition  
NAME **Ercel Shapleigh**  
STREET ADDRESS **2956 Regency Cove**  
CITY-ST-ZIP **Sarasota, FL 34234**

TITLE **S** ☒ Delete  
NAME **STEINKUHLER, MARGARET**  
STREET ADDRESS **3399 BAY OAKS DR.**  
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **ATO** ☒ Change ☐ Addition  
NAME **Johnny Johnson**  
STREET ADDRESS **3016 Bay Aristocrat**  
CITY-ST-ZIP **Sarasota, FL 34234**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**LANDER H. GUNN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**941 360-8552**

**813-**

CR2E037 (9/01)