

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000013701 (6)**

1. Corporation Name

WINDWARD VILLAGE INC.

Principal Place of Business

**1202 NW 9TH AVENUE
GAINESVILLE FL 32601**

Mailing Address

**1202 NW 9TH AVENUE
GAINESVILLE FL 32601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/24/1993

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-3166578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARREN, MICHAEL E
1202 NW 9TH AVENUE
GAINESVILLE FL 32601**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of current registered agent and its officer or director

Signature of new registered agent (required when new agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
WARREN, MICHAEL E
1202 NW 9TH AVE
GAINESVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VD
O'CONNOR, E KEVIN
2423 BROOKSHIRE AVE
WINTER PARK FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

2. TITLE

3. NAME

4. STREET ADDRESS

5. CITY, ST, ZIP

☐ Change ☐ Addition

3. TITLE

4. NAME

5. STREET ADDRESS

6. CITY, ST, ZIP

☐ Change ☒ Addition

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

☐ Change ☐ Addition

6. TITLE

7. NAME

8. STREET ADDRESS

9. CITY, ST, ZIP

☐ Change ☐ Addition

7. TITLE

8. NAME

9. STREET ADDRESS

10. CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information indicated on this annual report is supplemental information and 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 and/or bonded to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Michael E. Warren, President

4/25/95

P04-31T-4600