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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000062213 (1)**

1. Corporation Name
WINDSOR VILLA, INC.

Principal Place of Business	Mailing Address
685 STATE ROAD 26 MELROSE FL 32666	P.O. BOX 1553 MELROSE FL 32666-1553

3. Date Incorporated or Qualified: 08/19/1994
3a. Date of Last Report: 03/12/1996

2. Principal Place of Business
21 685 State Road 26
Suite, Apt. #, etc.
22
City & State
23 Melrose, Florida
Zip / Country
24 32666 25 Putnam

2a. Mailing Address
26 P.O. Box 1553
Suite, Apt. #, etc.
27
City & State
28 Melrose, Florida
Zip / Country
29 32666 30 Putnam

4. FEI Number: 59-3290833 ☐ 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

9. Name and Address of Current Registered Agent
THOMAS, PATRICIA GAIL
3310 CEDAR CREEK ROAD
PALATKA FL 32177

10. Name and Address of New Registered Agent
81 Name: N/A
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 (NOTE: Registered Agent signature required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, PATRICIA GAIL	1.2 NAME	
STREET ADDRESS	3310 CEDAR CREEK ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	1.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SWEAT, ROBIN MICHELLE	2.2 NAME	
STREET ADDRESS	P.O. BOX 545 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAHOME FL 32140	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Gail Thomas Patricia Gail Thomas 3-19-97 (352)475-1305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060144