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FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
US

P O BOX 1553  
MELROSE FL 32666  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1994

4. FEI Number

59-3290833

Applied For

Not Applicable

6. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

8. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 685 State Rd. 26

26 P.O. Box 1553

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Melrose, Florida

28 Melrose, Florida

Zip

Country

Zip

Country

24 32666

25 Putnam

29 32666

30 Putnam

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

Patricia Gail Thomas

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

Rt. 2 Box 4023, Palmetto Bluff Rd.

83

84 City

Palatka,

85 Zip Code

FL 32177

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

*Patricia Gail Thomas*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 19-98*

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PVP  
STREET ADDRESS THOMAS, PATRICIA GAIL  
CITY-ST-ZIP 3310 CEDAR CREEK ROAD  
PALATKA FL 32177

TITLE ☐ DELETE

NAME ST  
STREET ADDRESS SWEAT, ROBIN MICHELLE  
CITY-ST-ZIP P.O. BOX 545 N/A  
FLORAHOME FL 32140

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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*

*April 19-98*

CR2E034 (10/97)