FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

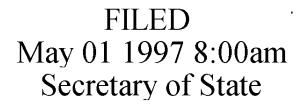
DOCUMENT # P95000044817 (1)

WINDMILL POINTE MANOR, INC.

Princ	lagi	Place	of Busin	ess

Mailing Address

14025 NORTH DALE MABRY





TAMPA FL 33618			TAMPA FL 33618-2401										
									Date Incorporated or Qualified 06/02/1995		ate of Last R	leport	
2. Principal Place of Business				2a. Mailing Address			4.	FEI Number		Ar	oplied For		
21		2	26				59-3318885			ot Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5.	Certificate of Status Desired			Additional			
22		2	27 City 6 City 5				· · · · · · · · · · · · · · · · · · ·			equired			
City & State				City & State			6.	Election Campaign Financing	40.00				
Zip	Zip Country			Zip Country			1100010700						
24	9	25	2	⁻ າ ່	30			8.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
 	9, Name and Address of Current Registered Agent				130	10. Name and Address of New Registered Agent							
BLA*	TTLER, HUG	0				81	Name	***			. <u>.</u>	-	
14025 NORTH DALE MABRY TAMPA FL 33618					82	82 Street Address (P.O. Box Number is Not Acceptable)							
					02	arrect Address (F.O. Dox Number is Not Acceptable)							
						83							
					84	City				85 Zip	Code		
						-	•			FL	. `		
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	<u></u>						·						
12.	Signature, typed o	r printed name of re	gistered agent and ERS AND DIF			stered Age	nt signature	required wher	n reinstating) ADDITIONS/CHANGES TO OFF	JATE	D DIDEOTOR	20 111 10	
TITLE	P	OFFIC	ACUS MINES ESTE	DELET		1.1 TITLE	·		ADDITIONS/CHANGES TO OF	-ICERS AINI	Change	Addition	
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CITY-ST-ZIP	TAMPA FL					1.4 CITY-S							
TITLE	ν			☐ DELE1		2.1 THEE		Pro.	sideut		Change	Addition	
NAME	CALDERW					2.2 NAME		,, -,	<i>3,200.0</i> /				
STREET ADDRESS 14025 N. DALE MABRY				2.3 STREET ADDRESS									
CITY-ST-ZIP	TAMPA FL					2. 4 CITY-5	31 - ZIP					[
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NAME	BLATTLER	, ED	_			3.2 NAME							
STREET ADDRESS		DALE MABRY	1			3.3 STREET	ADDRESS]	
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NAME						4. 2 NAME						ŀ	
STREET ADDRESS						4.3 STREFT	ADDRESS						
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NAME						6.2 NAME					ш опанце	FTT MODITION	
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1						63 STREET	I						
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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 eath; 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