2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006952

Entity Name: WINDMILL VILLAGE HOMEOWNERS ASSOCIATION, INC.

FILED Feb 09, 2024 Secretary of State 2293856444CC

Current Principal Place of Business:

499 WINDMILL BLVD.

NORTH FORT MYERS. FL 33903

Current Mailing Address:

499 WINDMILL BLVD.

NORTH FORT MYERS. FL 33903 US

FEI Number: 20-8208889 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAVER, TAMMY LORRAINE 499 WINDMILL BLVD NORTH FT MYERS, FL 33903 US

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: TAMMY LORRAINE RAVER 02/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name MAYOCK, DANIEL FRANCIS Name MAYOCK, JANE MARIE
Address 499 WINDMILL BLVD. Address 499 WINDMILL BLVD.

City-State-Zip: NORTH FORT MYERS FL 33903 City-State-Zip: NORTH FORT MYERS FL 33903

Title VP Title DIRECTOR

Name THURMAN, FORREST GENE Name RAVER, TAMMY LORRAINE

Address 499 WINDMILL BLVD Address 499 WINDMILL BLVD.

City-State-Zip: N FT MYERS FL 33903 City-State-Zip: NORTH FORT MYERS FL 33903

Title DIRECTOR Title DIRECTOR

Name DICARLO, JOSEPHINE Name SHAY, ROGER LYNN Address 499 WINDMILL BLVD. Address 499 WINDMILL BLVD.

City-State-Zip: NORTH FORT MYERS FL 33903 City-State-Zip: NORTH FORT MYERS FL 33903

Title DIRECTOR Title SECRETARY

Name SAND, PAMELA KAY Name CARRIVEAU, JOSEPH JAMES

Address 499 WINDMILL BLVD. Address 499 WINDMILL BLVD.

City-State-Zip: NORTH FORT MYERS FL 33903 City-State-Zip: NORTH FORT MYERS FL 33903

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANE MARIE MAYOCK TREASURER 02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name CARVALHO, DIANE JEANNE

Address 499 WINDMILL BLVD.

City-State-Zip: NORTH FORT MYERS FL 33903