

**REPORT NO. 236 of the
SOCIAL DEVELOPMENT,
HEALTH & CULTURE STANDING COMMITTEE**
of its meeting held June 11, 2014


Present: Councillor Ed Sleiman, Chair
Councillor Jo-Anne Gignac
Councillor Alan Halberstadt
Councillor Fulvio Valentinis

Regrets: Councillor Al Maghnieh

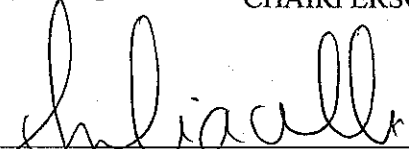
That the following recommendation of the Social Development, Health and Culture Standing Committee **BE APPROVED** as follows:

Moved by Councillor Gignac, seconded by Councillor Valentinis,
THAT Report No. 89 of the Board of Directors, Willistead Manor Inc. (2013 Annual Report) **BE RECEIVED** for information.
Carried.

Clerk's Note: Report No. 89 of the Board of Directors, Willistead Manor Inc. (2013 Annual Report) is attached as background information.



CHAIRPERSON



SUPERVISOR OF COUNCIL SERVICES (A)

NOTIFICATION :				
Name	Address	Email Address	Telephone	FAX

REPORT NO. 89
of the
BOARD OF DIRECTORS,
WILLISTEAD MANOR INC.
of its meeting held April 10, 2014

Present: S. Marshall, Chairperson
Councillor A. Halberstadt
L. Brown
C. Gaudette
R. Gauthier
M. J. Dettinger
R. Easterbrook
D. Sanborn
D. Langstone
E. Craig
K. Renaud

Your Board submits the following recommendations:

I. That the Annual Report and Financial Statements on the affairs and operations of Willistead Manor Inc. for the year 2013 *enclosed* herewith **BE ACCEPTED AS AMMENDED** to reflect \$468,560.00 in Furniture and Furnishings on Page 26 of the 2013 Annual Report.

II. That upon acceptance of the 2013 Annual Report on the affairs and operations of Willistead Manor Inc. by City Council, copies **BE FORWARDED** to the list of appropriate parties as per past practice

III. That in accordance with Sections 6 (c) of *the City of Windsor Act, 1981*, an amount of \$5,904.26 **BE PAID OVER** to the City of Windsor Willistead Capital Restoration Reserve Fund.

IV. That the Willistead Manor Inc. Annual Report for the year 2013 **BE INCLUDED** for public viewing on the City of Windsor Willistead Manor Webpage.

Chairperson

Executive Secretary

NOTIFY:

Name	Address	City/Prov/Pstcd	Telephone	FAX