

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 727259

FILED
Mar 04, 2003
Secretary of State

Entity Name: WINDMILL POINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 364
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 364
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 59-1762193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, PATRICK J
2619 WARWICK TERR
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BONNICI, MARILEE
Address: 2600 WARWICK TERRACE
City-St-Zip: PALM HARBOR, FL 34685

Title: S () Delete
Name: CASSICK, SANDI
Address: 2520 WOOWCOTE TERRECE
City-St-Zip: PALM HARBOR, FL 34685

Title: T () Delete
Name: ROBERTS, PATRICK
Address: 2619 WARWICK TERRACE
City-St-Zip: PALM HARBOR, FL 34685

Title: VP () Delete
Name: EGGERT, KIM
Address: 2818 WITLEY AVE.
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: NICHOLS, DAVE
Address: 2812 WITLEY AVE.
City-St-Zip: PALM HARBOR, FL 34685

Title: P () Delete
Name: OLSON, PAT
Address: 2829 WITLEY AVE.
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICK J. ROBERTS

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03/04/2003

Electronic Signature of Signing Officer or Director

Date