

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90070 044 ****61.25

DOCUMENT # 741873

1. Entity Name

**WINDMILL POINT / PROPERTY OWNERS' ASSOCIATION, I
NC.**



Principal Place of Business

**490 SW KENTWOOD RD
PT ST LUCIE FL 34953**

Mailing Address

**490 SW KENTWOOD RD
PT ST LUCIE FL 34953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2012569**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOREN BODEM, ATTORNEY
815 COLORADO AVE.
SUITE 305
STUART FL 34994**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **NESBIT, DOROTHY**
STREET ADDRESS **437 S.W. KENTWOOD RD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **President PD** ☒ Change ☐ Addition
NAME **Gregory Soles**
STREET ADDRESS **2901 S.W. Massey Ln.**
CITY-ST-ZIP **Port St. Lucie, FL 34953**

TITLE **VD** ☐ Delete
NAME **JORDAN, MICHAEL**
STREET ADDRESS **437 SW KENTWOOD ROAD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **ALHUM, MARCIE**
STREET ADDRESS **459 SW TULIP BLVD.**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **SD** ☒ Change ☐ Addition
NAME **Holly Fischer**
STREET ADDRESS **218 S.W. Homeland Rd.**
CITY-ST-ZIP **Port St. Lucie, FL 34953**

TITLE **TD** ☐ Delete
NAME **MARTINEZ, GINA**
STREET ADDRESS **242 SW HOMELAND RD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **TD** ☒ Change ☐ Addition
NAME **MARCIE Ahlum**
STREET ADDRESS **459 S.W. TULIP Blvd.**
CITY-ST-ZIP **Port St. Lucie, FL 34953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: M. BODEM

3-25-03 772 336-0861

CR2E037 (10/02)