


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000003887
 1. Entity Name
WINDMILL LAKES CONDOMINIUM ASSOCIATION, INC.



FILED
 08 MAR 11 PM 12:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 13460 SW 10TH STREET
 SUITE 101
 PEMBROKE PINES, FL 33027

Mailing Address
 PRIME MGMT GROUP, INC.
 13460 SW 10TH ST STE 101
 PEMBROKE PINES, FL 33027



2. Principal Place of Business - No P.O. Box #
401 SW 86 AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

12212007 Chg-NP CR2E037 (12/06)

City & State
PEMBROKE PINES, FL

City & State

Zip
33025

Country
U.S.A.

Zip Country

4. FEI Number
52-2375818

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 PRIME MANAGEMENT GROUP, INC.
 13460 SW 10 ST
 STE 101
 PEMBROKE PINES, FL 33027

7. Name and Address of New Registered Agent
 Name
Straley + Otto, PA
 Street Address (P.O. Box Number is Not Acceptable)
2699 STIRLING ROAD C-207
 City
FT. LAUDERDALE, FL Zip Code
33312

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  **Charles F. Otto, Esq.** DATE **2.21.08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KEDDO, DWAIN 401 SW 86TH AVE 15-105 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HEANEY, DAVID JR 401 SW 86TH AVE 15-103 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR