


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90036 010 ****61.25

DOCUMENT # N03000002911


1. Entity Name
WINDMILL RESERVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1250 E. HALLANDALE BCH BLVD., SUITE 300
 HALLANDALE, FL 33009**

Mailing Address
**1250 E. HALLANDALE BCH BLVD., SUITE 300
 HALLANDALE, FL 33009**

DO NOT WRITE IN THIS SPACE



01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number
05-0565657 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LAUNER, BLACHE → *Blanche*
**1250 E HALLANDALE BCH BLVD.
 HALLANDALE, FL 33009**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAUNER, BLANCHE 1250 E. HALLANDALE BCH BLVD., SUITE 300 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLVIN, MELVIN 1250 E. HALLANDALE BCH BLVD., SUITE 300 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD LOFFREDO, MARCO 1250 E. HALLANDALE BCH BLVD., SUITE 300 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Blanche Launer* **Blanche Launer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/24/05* **1/24/05**
Date

Daytime Phone #: *954-455-5953*
Daytime Phone #