


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

01-20-2006 90031 005 ****61.25

DOCUMENT # N05000001899

1. Entity Name
WINDY PINES PHASES III AND IV HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**8075 20TH STREET
 VERO BEACH, FL 32966**

Mailing Address
**8075 20TH STREET
 VERO BEACH, FL 32966**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-3265999

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PERRY, STEVEN L
 2400 SE FEDERAL HIGHWAY
 FOURTH FLOOR
 STUART, FL 34994**

7. Name and Address of New Registered Agent

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 _____ DATE _____

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

Filing Fee is \$81.25 Due by May 1, 2006

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	<input type="checkbox"/> Delete
D	FRACCAROLI, PETER	8075 20TH STREET	VERO BEACH, FL 32966	<input type="checkbox"/>
D	ORAZI, WILLIAM	8075 20TH STREET	VERO BEACH, FL 32966	<input type="checkbox"/>
D	GORTER, PATRICIA	8075 20TH STREET	VERO BEACH, FL 32966	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Patricia M. Gorter Date: 1-6-06 Daytime Phone #: 772-226-2272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

66003/08

KB HOME Treasure Coast LLC
8075 20th Street
Vero Beach, FL 32966
(772) 226-2272
(772) 299-0244 FAX

Memorandum

TO: Annual Reports Section

FROM: Patricia Gorter DATE: 02/24/06

RE: Windy Pines PH III & IV HOA

Ref. # N05000001899

Enclosed is the completed form you requested.

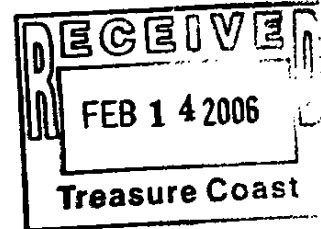
If I can be of further assistance, please advise.



ATTACHMENT

66603108

FLORIDA DEPARTMENT OF STATE
Division of Corporations



January 25, 2006

WINDY PINES PHASES III AND IV HOMEOWNERS' ASSOCIATION,
8075 20TH STREET
VERO BEACH, FL 32966

Subject: WINDY PINES PHASES III AND IV HOMEOWNERS' ASSOCIATION,

Reference Number: N05000001899

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION