


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N32246
 1. Entity Name
 WINDSTONE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
 2522 SE WILLOUBY BLVD.
 STUART, FL 34994

Mailing Address
 2522 SE WILLOUBY BLVD.
 3271 S.W. RIVERS END WAY
 STUART, FL 34994

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2173123


Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MUELLER, LAWRENCE D.
 2522 S.E. WILLOUGHBY BLVD.
 STUART, FL 34994

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

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

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

000000215480
 02/05/05-80011-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUELLER, LAWRENCE D. 3271 S.W. RIVERS END WAY PALM CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MANDELL, ROBERT C. 5808 W. ATLANTIC AVE. DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MANDELL, ESTHER A. 5808 W. ATLANTIC AVE. DELRAY BEACH, FL
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-2-05 Day/Time Phone #: 772-220-9600