


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90198 005 ****61.25

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



Principal Place of Business Mailing Address
2522 SE WILLOUBY BLVD. STUART FL 34994
2522 SE WILLOUBY BLVD. 3271 S.W. RIVERS END WAY STUART FL 34994



2. Principal Place of Business 3. Mailing Address
JAKAS MANAGEMENT
 Suite, Apt. #, etc. Suite, Apt. #, etc.
666 NE DIXIE HWY **PO BOX 111**

1st MOORE CR2E037 (10/05)

City & State City & State
JENSEN BEACH FL **JENSEN BEACH FL**

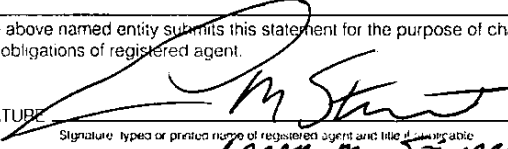
4. FEI Number Applied For
59-2173123 Not Applicable

Zip Country Zip Country
34957 USA **34958 USA**

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

7. Name and Address of New Registered Agent
 Name **LARRY M. STEWART**
 Street Address (P.O. Box Number is Not Acceptable)
73 SW FLORIAN AVE.
 City **STUART** FL Zip Code **34994**

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  **LARRY M. STEWART** (NOTE: Registered Agent signature required when remaining) **4/21/06**

FILE NOW: FEE IS \$61.25
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	PD MUELLER, LAWRENCE D. 3271 S.W. RIVERS END WAY PALM CITY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANDELL, ROBERT C. 5808 W. ATLANTIC AVE. DELRAY BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANDELL, ESTHER A. 5808 W. ATLANTIC AVE. DELRAY BEACH FL <input checked="" 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	PD PIERCE, JOSEPH 66 SW BUTTOW BRUSH CT PALM CITY, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO HARVEY, WILLIAM 166 SW CASSINE CT PALM CITY, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO MUNZ, MIKE 132 SW CASSINE CT PALM CITY, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYMAN, SIM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NATHANSON, ALEX 97 SW CASSINE CT PALM CITY, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 Section 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 another like empowered.

SIGNATURE:  **Joseph E. Pierce** **4/11/06** **772-286-8635**