

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90095 047 ****61.25



DOCUMENT # N32246

1. Entity Name

WINDSTONE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

JAKARS MGMT
666 NE DIXIE HWY
JENSEN BEACH FL 34957

JAKARS MGMT
666 NE DIXIE HWY
JENSEN BEACH FL 34957



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

JAKAB MGMT
Suite, Apt. #, etc.
666 NE DIXIE HWY

JAKAB MGMT
Suite, Apt. #, etc.
PO BOX 111

City & State

City & State

JENSEN BEACH, FL

JENSEN BEACH, FL

Zip

Country

Zip

Country

34957

USA

34958

USA

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

7. Name and Address of New Registered Agent

STEWART, LARRY M
73 SW FLAGLER AVE
STUART FL 34994

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07 772-225-5058

Date

Daytime Phone #