


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90038 044 ****61.25

DOCUMENT # N32246			
1. Entity Name WINDSTONE PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business JAKAB MGMT 666 NE DIXIE HWY JENSEN BEACH FL 34957		Mailing Address JAKAB MGMT P.O. BOX 111 JENSEN BEACH FL 34958	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number 59-2173123		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HAYMAN, JAMES			NAME	BUTLEY, SHARON		
STREET ADDRESS	66 SW WIRE GRASS CT			STREET ADDRESS	222 SW LAKE BUSH CT		
CITY-ST-ZIP	PALM CITY FL 34990			CITY-ST-ZIP	PALM CITY FL 34990		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LOSSASO, LIZ			NAME	SHIRLEY, PAUL		
STREET ADDRESS	3918 SW RIVERS END WAY			STREET ADDRESS	4156 SW RIVERS END WAY		
CITY-ST-ZIP	PALM CITY FL 34990			CITY-ST-ZIP	PALM CITY FL 34990		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUNZ, MIKE			NAME			
STREET ADDRESS	132 SW CASINE CT			STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NATHANSON, ALEX			NAME			
STREET ADDRESS	97 SW CASSINE CT			STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990			CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KOSMALER, CHARLES			NAME	KLAGER, SCOTT		
STREET ADDRESS	4258 SW RIVERS END WAY			STREET ADDRESS	31 SW BUTTON BUSH CT.		
CITY-ST-ZIP	PALM CITY FL 34990			CITY-ST-ZIP	PALM CITY FL 34990		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIPPMAN, DIETMAR			NAME			
STREET ADDRESS	4257 SW RIVERS END WAY			STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990			CITY-ST-ZIP			

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: Sharon Butley 3/14/08 President 772-225-5058