

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90098 021 ****61.25

DOCUMENT # N32246

1. Entity Name
WINDSTONE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O LAWRENCE D. MUELLER C/O LAWRENCE D. MUELLER
3271 S.W. RIVERS END WAY 3271 S.W. RIVERS END WAY
PALM CITY FL 34990 PALM CITY FL 34990

2. Principal Place of Business 3. Mailing Address
2522 SE Willoughby Blvd **2522 SE Willoughby Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Stuart, FL **Stuart, FL**
Zip Country Zip Country
34994 **34994**

4. FEI Number **59-2173123** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MUELLER, LAWRENCE D.
3271 S.W. RIVERS END WAY
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name **Mueller, Lawrence D.**
Street Address (P.O. Box Number is Not Acceptable)
2522 SE Willoughby Blvd.
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 *[Signature]* **Lawrence D. Mueller** **1-14-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUELLER, LAWRENCE D. 3271 S.W. RIVERS END WAY PALM CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANDELL, ROBERT C. 5808 W. ATLANTIC AVE. DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANDELL, ESTHER A. 5808 W. ATLANTIC AVE. DELRAY BEACH FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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]* **Lawrence D. Mueller** **1-14-03**

CR2E037 (10/02)