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FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43006 (8)
1. Corporation Name
WINDY POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: **760 NW 107 Ave Suite 201 Miami, FL 33172**
Mailing Address: **760 NW 107 Ave Suite 201 Miami, FL 33172**

3. Date Incorporated or Qualified: **04/17/1991**

4. FEI Number: **65-0342100**
Applied For: Not Applicable:

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

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

Suite, Apt. #, etc.: **22**
City & State: **27**

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

City & State: **23**
City & State: **28**

7. Is this nonprofit corporation a homeowners association? Yes No

Zip: **24** Country: **25**
Zip: **29** Country: **30**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**SOUTH FLORIDA RESIDENT AGENTS, INC.
200 S. BISCAYNE BLVD.
SUITE 4750
MIAMI, FL 33131**

10. Name and Address of New Registered Agent
81 Name: **PAIGE, ROBERT**
82 Street Address (P.O. Box Number is Not Acceptable): **2151 LEJEUNE ROAD**
83: **SUITE 309-A**
84 City: **CORAL GABLES** FL 85 Zip Code: **33134**

11. Pursuant to the provisions of Sections 617.0100 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Robert E Paige* **ROBERT E PAIGE 2-28-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EISENMAN, TOREY	
STREET ADDRESS	760 NW 107 AVE, STE 201	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HUTSON, ROBERT	
STREET ADDRESS	730 NW 107 AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	GEARY, DENISE	
STREET ADDRESS	730 NW 107 AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RODRIGUEZ, ALEX	
1.3 STREET ADDRESS	760 NW 107 AVE, STE 201	
1.4 CITY-ST-ZIP	MIAMI, FL 33172	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LYEW SANG, LAUREL	
2.3 STREET ADDRESS	760 NW 107 AVE, STE 201	
2.4 CITY-ST-ZIP	MIAMI, FL 33172	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laurel Lyew Sang* **4/9/98 (305) 559-1951**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (10/97)