

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90096 013 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N43006**

1. Corporation Name

**WINDY POINTE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

760 N.W. 107TH AVE. STE 201  
 MIAMI FL 33172

Mailing Address

760 N.W. 107TH AVE. STE 201  
 MIAMI FL 33172



2. Principal Place of Business

21 **9780 SW 216 Street**

Suite, Apt. #, etc.

22 **N/A -**

23 **Miami, Fla**

24 **33190**

25 **USA**

2a. Mailing Address

26 **9780 SW 216 Street**

Suite, Apt. #, etc.

27 **N/A -**

28 **Miami, Fla**

29 **33190**

30 **USA**

3. Date Incorporated or Qualified

**04/17/1991**

4. FEI Number

**65-0342100**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

**PAIGE, ROBERT**  
 2151 LEJEUNE ROAD  
 SUITE 309-A  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **Paige, Robert E.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**11440 North Kendall Drive**  
**Penthouse 400**  
 84 City **Miami** FL 85 Zip Code **33176**

11. Pursuant to the provisions of Sections 617.0502 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

*[Signature]* **4-28-99**

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 checked="" type="checkbox"/> DELETE
NAME	EISENMAN, TOREY	
STREET ADDRESS	760 N.W. 107TH AVE. STE 201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ALEX	
STREET ADDRESS	760 N.W. 107TH AVE. STE 201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	LYEW SANG, LAUREL	
STREET ADDRESS	760 N.W. 107TH AVE. STE 201	
CITY-ST-ZIP	MIAMI FL 33172	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Molodowitz, Joseph	
1.3 STREET ADDRESS	9780 SW 216 Street	
1.4 CITY-ST-ZIP	MIAMI, FL 33190	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rodriguez, Alex	
2.3 STREET ADDRESS	9780 SW 216 Street	
2.4 CITY-ST-ZIP	MIAMI, FL 33190	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cruz, Deanna	
3.3 STREET ADDRESS	9780 SW 216 Street	
3.4 CITY-ST-ZIP	MIAMI, FL 33190	
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, with all other like empowered.

SIGNATURE:

*[Signature]* **4-21-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**305 5591951**

Date Daytime Phone #

CR2E037 (1/98)