

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90068 023 ****61.25

DOCUMENT # N43006
 1 Entity Name
WINDY POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 9780 SW 216 ST 9780 SW 216 ST
 MIAMI FL 33190 MIAMI FL 33190-1189



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
NOT APPLICABLE Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAIGE, ROBERT
14440 N KENDALL B
PENHOUSE 400
MIAMI FL 33176
7000 SW 97 AVENUE
SUITE 209
MIAMI, FL 33173

7. Name and Address of New Registered Agent
 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.

SIGNATURE *[Signature]* **3-10-2000** DATE
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOLODOWITZ, JOSEPH	
STREET ADDRESS	9780 SW 216 ST	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ALEX	
STREET ADDRESS	9780 SW 216 ST	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CRUZ, DEANNA	
STREET ADDRESS	9780 SW 216 ST	
CITY-ST-ZIP	MIAMI FL 33140	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rebuck, Joseph C.	
STREET ADDRESS	9780 SW 216 Street	
CITY-ST-ZIP	Miami, Fla 33190	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cruz, Deanna	
STREET ADDRESS	9780 SW 216 Street	
CITY-ST-ZIP	Miami, Fla 33190	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irizarry, Russell	
STREET ADDRESS	9780 SW 216 Street	
CITY-ST-ZIP	Miami, Fla 33190	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* Date Daytime Phone # **(305) 559-1951**

CR2E037 (9/99)