

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90301 022 ****61.25

DOCUMENT # N43006

1. Entity Name

WINDY POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**9780 SW 216 ST
 MIAMI FL 33190**

**9780 SW 216 ST
 MIAMI FL 33190**

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

65-0342100

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAIGE, ROBERT

7000 SW 07 TERRACE 9500 S. Dadeland Blvd

SUITE 209 550

MIAMI FL 33179 33156

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 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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOTTLIEB, PAULA	
STREET ADDRESS	9780 SW 216 STREET	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	VILLARD, JESSIE	
STREET ADDRESS	9780 SW 216 STREET	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	IRIZARRY, RUSSELL	
STREET ADDRESS	9780 SW 216 STREET	
CITY-ST-ZIP	MIAMI FL 33190	
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		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rivera, Carlos	
STREET ADDRESS	9780 SW 216 St	
CITY-ST-ZIP	Miami, FL 33190	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Emily	
STREET ADDRESS	9780 SW 216 St	
CITY-ST-ZIP	Miami, FL 33190	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sbar, Ilyne	
STREET ADDRESS	9780 SW 216 St	
CITY-ST-ZIP	Miami, FL 33190	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	English, Christine	
STREET ADDRESS	9780 SW 216 St	
CITY-ST-ZIP	Miami, FL 33190	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thompson, James	
STREET ADDRESS	9780 SW 216 St	
CITY-ST-ZIP	Miami, FL 33190	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED PRESIDENT

FEB 20, 2002

(305) 232-0354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)