


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90030 019 ****61.25

DOCUMENT # N43006			
1. Entity Name WINDY POINTE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 9780 SW 216 ST MIAMI, FL 33190		Mailing Address 9780 SW 216 ST MIAMI, FL 33190	
2. Principal Place of Business		3. Mailing Address <i>C/o The Continental Group Inc.</i> 11981 SW 144 CT.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 201	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
		33186	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PAIGE, ROBERT 9500 S DADELAND BLVD #550 MIAMI, FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, CARLOS	NAME	
STREET ADDRESS	9780 SW 216 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33190	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, EMILY	NAME	
STREET ADDRESS	9780 SW 216 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33190	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SBARFILYNE	NAME	
STREET ADDRESS	9780 SW 216 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33190	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, CHRISTINE	NAME	
STREET ADDRESS	9780 SW 216 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33190	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JAMES	NAME	
STREET ADDRESS	9780 SW 216 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33190	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, CHRISTINE	NAME	
STREET ADDRESS	9780 SW 216 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33190	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 <i>Christine Taylor</i>		Date <i>2-18-04</i> Daytime Phone # <i>305-388-3997</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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