



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90075 050 ****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 % THE CONTINENTAL GROUP, INC 11981 SW 144 CT, 201 MIAMI, FL 33186				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 65-0342100 <table border="1" style="float: right; margin-left: 10px;"> <tr><td>Applied For</td></tr> <tr><td>Not Applicable</td></tr> </table>	Applied For	Not Applicable
Applied For						
Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/>		01022007 Chg-NP CR2E037 (12/06) \$8.75 Additional Fee Required				
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
Filing Fee is \$61.25 Due by May 1, 2007		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	VD	<input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SMITH, EMILY		NAME	Mussman, Joel		
STREET ADDRESS	9780 SW 216 STREET		STREET ADDRESS	9780 SW 216 St		
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP	Miami, FL 33190		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SBAR, ILYNE		NAME	Weiner, Elise		
STREET ADDRESS	9780 SW 216 STREET		STREET ADDRESS	9780 SW 216 St		
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP	Miami, FL 33190		
TITLE	PD	<input type="checkbox"/> Delete	TITLE			
NAME	TAYLOR, CHRISTINE		NAME			
STREET ADDRESS	9780 SW 216 STREET		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE			
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE			
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE			
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 1/9/07 (305)232-0354				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #				