

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 17, 2009
Secretary of State**

DOCUMENT# N43006

Entity Name: WINDY POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9780 SW 216 ST
MIAMI, FL 33190

New Principal Place of Business:

Current Mailing Address:

% THE CONTINENTAL GROUP, INC
11981 SW 144 CT, 201
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0342100 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAIGE, ROBERT
9500 S DADELAND BLVD #550
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SMITH, EMILY
Address: 9780 SW 216 STREET
City-St-Zip: MIAMI, FL 33190

Title: TD () Delete
Name: SBAR, ILYNE
Address: 9780 SW 216 STREET
City-St-Zip: MIAMI, FL 33190

Title: PD () Delete
Name: TAYLOR, CHRISTINE
Address: 9780 SW 216 STREET
City-St-Zip: MIAMI, FL 33190

Title: SD () Delete
Name: MUSSMAN, JOEL
Address: 9780 SW 216 STREET
City-St-Zip: MIAMI, FL 33190

Title: D () Delete
Name: WERNER, ELISE
Address: 9780 SW 216 STREET
City-St-Zip: MIAMI, FL 33190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILYNE SBAR

Electronic Signature of Signing Officer or Director

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01/17/2009

Date