

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90157 032 ****61.25

0019041

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

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAIGE, ROBERT
15004500 S. DADELAND BLVD
SUITE 550
MIAMI FL 33156

Name **ROBERT PAIGE**
Street Address (P.O. Box Number is Not Acceptable)

9500 S. DADELAND BLVD # 550

City **MIAMI**

FL

Zip Code
33156

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RIVERA, CARLOS	
STREET ADDRESS	9780 SW 216 ST	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, EMILY	
STREET ADDRESS	9780 SW 216 STREET	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SBAR, ILYNE	
STREET ADDRESS	9780 SW 216 STREET	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ENGLISH, CHRISTINE	
STREET ADDRESS	9780 SW 216 STREET	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, JAMES	
STREET ADDRESS	9780 SW 216 STREET	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rivera, Carlos	
STREET ADDRESS	9780 SW 216 St.	
CITY-ST-ZIP	Miami, FL 33190	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taylor, Christine	
STREET ADDRESS	9780 SW 216 Street	
CITY-ST-ZIP	Miami, FL 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		

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]
WINDY POINTE ASSOCIATION

[Signature]
March 24, 2003

CR2E037 (10/02)