FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743808 (8)

1. Corporation Name

WINDMILL POINT II PROPERTY OWNERS' ASSOCIATION, INC.

400001400884
-02/08/95--01122--011
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3201 S W LANDALE BLVD PORT ST LUCIE FL 34953	3201 S W LANDALE BLVD PORT ST LUCIE FL 34953

3. Date Incorporated or Qualified: 08/04/1978
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2058764 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: SAME
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26: SAME
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~WEINSTEIN, MILTON~~
~~613 SW EVERETT CT~~
~~PT. ST. LUCIE FL 34953~~

10. Name and Address of New Registered Agent

81 Name: Carmela DuPree
82 Street Address (P.O. Box Number is Not Acceptable): 3161 SW Landale Blvd.
83:
84 City: Port St. Lucie, FL 85 Zip Code: 34953

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Carmela DuPree — 1/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	1.1 TITLE	D	☒ Change ☐ Addition
NAME	~~ROGERS, LAWRENCE~~	1.2 NAME	Gibbins, Eugene	
STREET ADDRESS	~~601 SW BRIDGEPORT DR~~	1.3 STREET ADDRESS	258 SW Bridgeport Dr.	
CITY-ST-ZIP	~~PORT ST. LUCIE FL~~	1.4 CITY-ST-ZIP	Port St. Lucie FL	
TITLE	~~SD~~	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~SMITH, ANN~~	2.2 NAME	VanDenover, Ruth	
STREET ADDRESS	~~707 SW BELMONT CIRCLE~~	2.3 STREET ADDRESS	668 SW Everett Court	
CITY-ST-ZIP	~~PORT ST LUCIE, FL 00000~~	2.4 CITY-ST-ZIP	Port St. Lucie, FL	
TITLE	~~VP~~	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	~~TEBBS, ALBERT~~	3.2 NAME	Weinstein, Milton	
STREET ADDRESS	~~333 SW BELMOND CIRCLE~~	3.3 STREET ADDRESS	613 SW Everett Court	
CITY-ST-ZIP	~~PORT ST. LUCIE FL~~	3.4 CITY-ST-ZIP	Port St. Lucie, FL	
TITLE	~~TD~~	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~DUPREE, CARMELA~~	4.2 NAME	DuPree, Carmela	
STREET ADDRESS	~~3161 SW LANDALE BLVD.~~	4.3 STREET ADDRESS	3161 SW Landale Blvd.	
CITY-ST-ZIP	~~PORT ST. LUCIE FL~~	4.4 CITY-ST-ZIP	Port St. Lucie, FL	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HOLLIS, JAY	5.2 NAME		
STREET ADDRESS	613 SW BELMONT CIR	5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 00000	5.4 CITY-ST-ZIP		
TITLE	~~PD~~	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~WEINSTEIN, MILTON~~	6.2 NAME	Tebbs, Albert	
STREET ADDRESS	~~613 SW EVERETT CT~~	6.3 STREET ADDRESS	333 SW Belmont Circle	
CITY-ST-ZIP	~~PORT ST. LUCIE FL~~	6.4 CITY-ST-ZIP	Port St. Lucie, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carmela DuPree — 1/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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