

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90223 029 ****61.25

DOCUMENT # 741873

1. Corporation Name

WINDMILL POINT PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

**490 SW KENTWOOD RD
PT ST LUCIE FL 34953**

Mailing Address

**490 SW KENTWOOD RD
PT ST LUCIE FL 34953**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/02/1978

4. FEI Number

59-2012569Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

**LOREN BODEM, ATTORNEY
815 COLORADO AVE.
SUITE 305
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETETITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**OD
KELLY, DEBRA
391 SW TULIP BLVD
PORT ST LUCIE FL**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**SD
LAMORE, KEVIN
242 SW CHERRY HILL RD
PORT ST LUCIE FL 34953**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**TD
MARTINEZ, GINA
242 SW HOMELAND RD
PT. ST. LUCIE FL 34953**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP**SD
Ruthann Kernechel
393 S.W. Tulip Blvd.
Port St. Lucie, FL 34953**☒ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP**VD
Georgia Brown
226 S.W. Kentwood Rd,
Port St. Lucie, FL 34953**☐ Change ☒ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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 with all other like empowered.

SIGNATURE:

DEBRA KELLY, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99 561-336-0860

CR2E037 (11/98)

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