

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010324

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: WINDWARD ISLES HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

11755 SW 90TH ST.  
MIAMI, FL 33186

## New Principal Place of Business:

M & E ASSOCIATES OF MIAMI, INC.  
13055 SW 42 STREET, SUITE 203  
MIAMI, FL 33175

## Current Mailing Address:

11755 SW 90TH ST.  
MIAMI, FL 33186

## New Mailing Address:

M & E ASSOCIATES OF MIAMI, INC.  
13055 SW 42 STREET, SUITE 203  
MIAMI, FL 33175

FEI Number: 20-0487026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JEFFREY R. MARGOLIS, P.A.  
200 SOUTH BISCAYNE BLVD., SUITE 3400  
MIAMI, FL 33131 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: PD ( ) Delete  
Name: VILLANUEVA, PAULA C  
Address: 11755 SW 90TH ST.  
City-St-Zip: MIAMI, FL 33186

Title: VD ( ) Delete  
Name: FIGUEROA, JOSE J  
Address: 11755 SW 90TH ST.  
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Delete  
Name: MARTINEZ, HAYDEE  
Address: 11755 SW 90TH ST.  
City-St-Zip: MIAMI, FL 33186

Title: TD ( ) Delete  
Name: CRESPI, CHRISTINE  
Address: 11755 SW 90TH ST.  
City-St-Zip: MIAMI, FL 33186

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTINE CRESPI

TD

04/20/2006

Electronic Signature of Signing Officer or Director

Date