

2003 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90029 041 ****61.25

DOCUMENT # 741873 1. Entity Name WINDMILL POINT I 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		City & State	
City & State		City & State		4. FEI Number 59-2012569	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURSON, ROBERT A PA 900 E OCEAN BLVD SUITE C-120 STUART FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ (Signature of registered agent or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when reappointing))				DATE _____	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD AHLUM, MARCIE 459 SW TULIP BLVD PORT SAINT LUCIE FL 34953	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Debra Kelly 391 S.W. TULIP BLVD. Port St. Lucie, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISCHER, HOUY 218 SW HOMELAND RD. PORT SAINT LUCIE FL 34953	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ann Jenkins 202 S.W. Kentwood Rd. Port St. Lucie, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIAND, FERN 213 SW HOMELAND RD PORT SAINT LUCIE FL 34953	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-D PAULA DROZCO 213 S.W. Kentwood Rd. Port St. Lucie, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VOIGHT, CHRIS 449 SW KENTWOOD RD PORT SAINT LUCIE FL 34953	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Craig Hertrich 220 S.W. Kimball Cir. Port St. Lucie, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____

4/16/08. (772) 336-0860