#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 727259** 

Entity Name: WINDMILL POINTE HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 27, 2019
Secretary of State
1698342150CC

# **Current Principal Place of Business:**

28870 US HWY 19 NORTH

SUITE 327

CLEARWATER, FL 33761

## **Current Mailing Address:**

28870 US HWY 19 NORTH SUITE 327

CLEARWATER, FL 33761 US

FEI Number: 59-1762193 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ELITE PROPERTY MANAGEMENT SVCS. INC. 28870 US HWY 19 NORTH SUITE 327

CLEARWATER, FL 33761 US

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: DAVID W. ORMISTON 04/27/2019

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title SECRETARY/TREASURER Title PRESIDENT

Name TUOHY, GREG Name HIGNEY, MICHAEL

Address 28870 US HWY 19 NORTH Address 28870 US HWY 19 NORTH

SUITE 327 SUITE 327

City-State-Zip: CLEARWATER FL 33761 City-State-Zip: CLEARWATER FL 33761

Title DIRECTOR Title D

Name CASSICK, SANDRA Name REMSEN, KATHLEEN

Address 28870 US HWY 19 NORTH Address 28870 US HWY 19 NORTH

SUITE 327 SUITE 327

City-State-Zip: CLEARWATER FL 33761 City-State-Zip: CLEARWATER FL 33761

Title D Title VP

Name FORNWALT, ROBERT Name MANDILE, GARY

Address 28870 US HWY 19 NORTH Address 28870 US HWY 19 NORTH

SUITE 327 SUITE 327

City-State-Zip: CLEARWATER FL 33761 City-State-Zip: CLEARWATER FL 33761

Electronic Signature of Signing Officer/Director Detail

I hereby 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 all other like empowered.