

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727259

Entity Name: WINDMILL POINTE HOMEOWNERS' ASSOCIATION, INC.**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

04/27/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY/TREASURER
Name TUOHY, GREG
Address 28870 US HWY 19 NORTH
SUITE 327
City-State-Zip: CLEARWATER FL 33761

Title DIRECTOR
Name CASSICK, SANDRA
Address 28870 US HWY 19 NORTH
SUITE 327
City-State-Zip: CLEARWATER FL 33761

Title D
Name FORNWALT, ROBERT
Address 28870 US HWY 19 NORTH
SUITE 327
City-State-Zip: CLEARWATER FL 33761

Title PRESIDENT
Name HIGNEY, MICHAEL
Address 28870 US HWY 19 NORTH
SUITE 327
City-State-Zip: CLEARWATER FL 33761

Title D
Name REMSEN, KATHLEEN
Address 28870 US HWY 19 NORTH
SUITE 327
City-State-Zip: CLEARWATER FL 33761

Title VP
Name MANDILE, GARY
Address 28870 US HWY 19 NORTH
SUITE 327
City-State-Zip: CLEARWATER FL 33761

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.

SIGNATURE: MICHAEL HIGNEY

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04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date