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: ANN JENKINS

Electronic Signature of Signing Officer/Director Detail

# **DOCUMENT# 741873** Entity Name: WINDMILL POINT I PROPERTY OWNERS' ASSOCIATION, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

490 SW KENTWOOD RD PT ST LUCIE, FL 34953

## **Current Mailing Address:**

490 SW KENTWOOD RD PT ST LUCIE. FL 34953

## FEI Number: 59-2012569

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

KELLY, DEBRA 490 SW KENTWOOD RD PT ST LUCIE, FL 34953 US

SIGNATURE:

Officer/Director Detail :				
Title	VP	Title	SECRETARY	
Name	KELLY, DEBRA	Name	DENNEY, CHARLENE	
Address	391 SW TULIP BLVD	Address	342 SW KENTWOOD RD	
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	PORT SAINT LUCIE FL 34953	
Title	PRESIDENT	Title	TD	
Name	SAFFIOTI, LISA	Name	JENKINS, ANN	
Address	213 SW CHERRY HILL RD.	Address	202 SW KENTWOOD RD.	
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	PORT SAINT LUCIE FL 34953	

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.

TREASURER

01/31/2016 Date

FILED Jan 31, 2016 Secretary of State CC8001305864

Certificate of Status Desired: Yes

Date