

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N03000002911

**Entity Name:** WINDMILL RESERVE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 06, 2017**  
**Secretary of State**  
**CC8593046340**

**Current Principal Place of Business:**

C/O NEXTGEN MGMT  
15951 SW 41 STREET 300  
DAVIE, FL 33331

**Current Mailing Address:**

C/O NEXTGEN MGMT  
15951 SW 41 STREET 300  
DAVIE, FL 33331 US

**FEI Number: 05-0565657**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STRATTON, MINDA  
C/O NEXTGEN MGMT  
15951 SW 41 STREET 300  
DAVIE, FL 33331 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: MINDA STRATTON**

**04/06/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WHITE, LAURA  
Address        C/O NEXTGEN MGMT  
                 15951 SW 41 STREET 300  
City-State-Zip: DAVIE FL 33331

Title            VP  
Name            GINSBURG, DON  
Address        C/O NEXTGEN MGMT  
                 15951 SW 41 STREET 300  
City-State-Zip: DAVIE FL 33331

Title            TREASURER  
Name            GOLDBERG, BARRY  
Address        C/O NEXTGEN MGMT  
                 15951 SW 41 STREET 300  
City-State-Zip: DAVIE FL 33331

Title            SECRETARY  
Name            BASTOS, FATIMA  
Address        C/O NEXTGEN MGMT  
                 15951 SW 41 STREET 300  
City-State-Zip: DAVIE FL 33331

Title            DIRECTOR  
Name            MARCANO, MARIANA  
Address        C/O NEXTGEN MGMT  
                 15951 SW 41 STREET 300  
City-State-Zip: DAVIE FL 33331

*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: LAURA WHITE**

**PRESIDENT**

**04/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date