

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

DOCUMENT# N03000002911

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

**FILED**  
**Jan 25, 2017**  
**Secretary of State**  
**CC0035473082**

**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:**

OPPENHEIM, ROY  
2500 WESTON RD  
SUITE 404  
WESTON, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title           DIRECTOR, PRESIDENT,  
                  SECRETARY, TREASURER  
Name           VON KAHLE, PHILIP  
Address        C/O MICHAEL MOECKER &  
                  ASSOCIATES INC.  
                  1883 MARINA MILE BLVD. SUITE 106  
City-State-Zip: FORT LAUDERDALE FL 33315

*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: PHILIP VON KAHLE**

**PRESIDENT**

**01/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date