## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002911

Entity Name: WINDMILL RESERVE HOMEOWNERS ASSOCIATION, INC.

**FILED** Apr 03, 2019 **Secretary of State** 3347638223CC

## **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 04/03/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title DIRECTOR

Name WHITE, LAURA Name BHASIN, MADHU

C/O NEXTGEN MGMT C/O NEXTGEN MGMT Address Address 15951 SW 41 STREET 300 15951 SW 41 STREET 300

City-State-Zip: DAVIE FL 33331 City-State-Zip: DAVIE FL 33331

Title **TREASURER** Title **SECRETARY** 

Name GOLDBERG, BARRY Name BASTOS, FATIMA

Address C/O NEXTGEN MGMT Address C/O NEXTGEN MGMT

15951 SW 41 STREET 300 15951 SW 41 STREET 300

City-State-Zip: DAVIE FL 33331 City-State-Zip: DAVIE FL 33331

Title DIRECTOR

MARCANO, MARIANA Name

C/O NEXTGEN MGMT Address

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.

04/03/2019 SIGNATURE: LAURA WHITE **PRESIDENT**