

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001899

**FILED**  
**Apr 24, 2015**  
**Secretary of State**  
**CC7778124725**

**Entity Name:** WINDY PINES PHASES III AND IV HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3840 W. EAU GALLIE BLVD  
STE 106  
MELBOURNE, FL 32934

**Current Mailing Address:**

C/O LANG MANAGEMENT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486

**FEI Number: 20-3265999**

**Certificate of Status Desired: Yes**

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

CARROLL, KEVIN M  
LANG MANAGEMENT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 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: KEVIN M. CARROLL**

**04/24/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name PATTON, CLAY  
Address 3840 W. EAU GALLIE BLVD  
City-State-Zip: MELBOURNE FL 32934

Title PRESIDENT  
Name GUNN, PETER  
Address 3840 WEST EAU GALLIE BLVD  
City-State-Zip: MELBOURNE FL 32934

Title SD  
Name SHIELDS, MARK  
Address 3840 WEST EAU GALLIE BVD  
City-State-Zip: MELBOURNE FL 32934

*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: CLAY PATTON**

**PRESIDENT**

**04/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date