

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001899

FILED
Feb 17, 2021
Secretary of State
7373386903CC

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

Current Principal Place of Business:

430 NW LAKE WHITNEY PL
PORT ST LUCIE, FL 34986

Current Mailing Address:

430 NW LAKE WHITNEY PL
PORT ST LUCIE, FL 34986 US

FEI Number: 20-3265999

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATSON ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PL
PORT ST LUCIE, FL 34986 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: KIMBERLY R SNYDER

02/17/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KIRSCHNER, ANDREW
Address 430 NW LAKE WHITNEY PL
City-State-Zip: PORT ST LUCIE FL 34986

Title VP
Name WATKINS, NOBIE
Address 430 NW LAKE WHITNEY PL
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name CARRITHERS, JOHN
Address 430 NW LAKE WHITNEY PL
City-State-Zip: PORT ST LUCIE FL 34986

Title PRESIDENT
Name BABER, DOUGLAS
Address 430 NW LAKE WHITNEY PL
City-State-Zip: PORT ST LUCIE FL 34986

Title SECRETARY
Name BAKER, PAUL
Address 430 SW LAKE WHITNEY PL
City-State-Zip: PORT ST LUCIE FL 34986

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: DOUGLAS BABER

PRESIDENT

02/17/2021

Electronic Signature of Signing Officer/Director Detail

Date