

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

DOCUMENT# N05000001899

**FILED**  
**Jan 25, 2017**  
**Secretary of State**  
**CC2089883627**

**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:**

790 PARK OF COMMERCE BLVD  
SUITE 200  
BOCA RATON, FL 33487 US

**FEI Number: 20-3265999**

**Certificate of Status Desired: No**

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

CARROLL, KEVIN M  
790 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 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**

**01/25/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            DIRECTOR  
Name            MCCUEN, JACK  
Address        5852 NW JOPPA CT.  
City-State-Zip: PORT ST. LUCIE FL 34986

Title            TREASURER  
Name            DOUGLAS, BABER  
Address        8311 HOLLEY TREE TRAIL  
City-State-Zip: PORT ST LUCIE FL 34986

Title            DIRECTOR  
Name            RICK , JONHSON  
Address        8311 HOLLEY TREE TRAIL  
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: MARK SHIELDS**

**PRESIDENT**

**01/25/2017**

Electronic Signature of Signing Officer/Director Detail

Date