

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001899

**FILED**  
**Mar 13, 2023**  
**Secretary of State**  
**2266827203CC**

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

**Current Principal Place of Business:**

C/O WATSON ASSOCIATION MANAGEMENT  
430 NW LAKE WHITNEY PL  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

C/O WATSON ASSOCIATION MANAGEMENT  
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**

**03/13/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KIRSCHNER, ANDREW  
Address        C/O WATSON ASSOCIATION  
                  MANAGEMENT  
                  430 NW LAKE WHITNEY PL  
City-State-Zip: PORT ST LUCIE FL 34986

Title            DIRECTOR  
Name            GOBIN, CHAN  
Address        C/O WATSON ASSOCIATION  
                  MANAGEMENT  
                  430 NW LAKE WHITNEY PL  
City-State-Zip: PORT ST LUCIE FL 34986

Title            TREASURER  
Name            SAITTA, TERI  
Address        C/O WATSON ASSOCIATION  
                  MANAGEMENT  
                  430 NW LAKE WHITNEY PL  
City-State-Zip: PORT ST LUCIE FL 34986

Title            VP  
Name            BAKER, PAUL  
Address        C/O WATSON ASSOCIATION  
                  MANAGEMENT  
                  430 NW LAKE WHITNEY PL  
City-State-Zip: PORT ST LUCIE FL 34986

Title            SECRETARY  
Name            DIONISIO, DAVID  
Address        C/O WATSON ASSOCIATION  
                  MANAGEMENT  
                  430 NW 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: ANDREW KIRSCHNER**

**PRESIDENT**

**03/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date