

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32246

**Entity Name:** WINDSTONE PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 08, 2013**  
**Secretary of State**  
**CC3446092103**

**Current Principal Place of Business:**

C/O THE CONTINENTAL GROUP INC  
584 NW UNIVERSITY BLVD STE 703  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

C/O THE CONTINENTAL GROUP INC  
584 NW UNIVERSITY BLVD STE 703  
PORT ST LUCIE, FL 34986

**FEI Number: 59-2173123**

**Certificate of Status Desired: No**

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

FOX, WACKEEN, DUNGLEY, BEARD, SOBEL, BUSH  
3473 SE WILLOUGHBY BLVD  
STUART, FL 34994 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	HAYMAN, JIM
Address	66 SW WIREGRASS CT
City-State-Zip:	PALM CITY FL 34990
Title	T
Name	KOSMALER, CHARLIE
Address	4258 SW RIVERS END WAY
City-State-Zip:	PALM CITY FL 34990
Title	D
Name	EMILSON, LINDA
Address	3680 SW RIVERS END WAY
City-State-Zip:	PALM CITY FL 34990

Title	VP
Name	SHIRLEY, PAUL
Address	4156 SW RIVERS END WAY
City-State-Zip:	PALM CITY FL 34990
Title	S
Name	TATALIAS-OAKES, STEPHANIE
Address	3271 SW BICOPA PLACE
City-State-Zip:	PALM CITY FL 34990

*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: JIM HAYMAN**

**PRESIDENT**

**03/08/2013**

Electronic Signature of Signing Officer/Director Detail

Date