FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 31, 2001 8:00 am 490543 DOCUMENT # **Secretary of State** 1. Entity Name 07-31-2001 90008 050 ***550.00 WINDSTONE REALTY, INC. Principal Place of Business Mailing Address 3271 S.W. RIVERS END WAY 3271 S.W. RIVERS END WAY B0060951 PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1636120 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANDELL, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 7362 LAKE WORTH ROAD LAKE WORTH FL 33467 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible _10._Election.Campaign.Financing \$5.00 May Be = Tax filling requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (5/01) TITLE VST ☐ Delete TITLE Change ☐ Addition MANDELL, ROBERT C. NAME NAME 7362 LAKE WORTH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MUELLER, LAWRENCE D. NAME STREET ADDRESS 7362 LAKE WORTH ROAD STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-7iP JIJLE: - 🔄 : Delete -TITLE-Change ___ Addition. NAME MANDELL, ESTHER NAME 7362 LAKE WORTH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supply d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental of the corporation or the receiver or truste report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director de empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if attachment with