FILED

2003 FOR PROFIT CORPORATION

Jan 23, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** 490543 DOCUMENT # 01-23-2003 90071 011 ***150.00 1. Entity Name WINDSTONE REALTY, INC. Principal Place of Business Mailing Address 3271 S.W. RIVERS END WAY 3271 S.W. RIVERS END WAY PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address dillocathor Blod. <u> 2522 SEU</u> スケスマ 5.ほし Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-1636120 tuned Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 34994 Fee Required 34994 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE ☐ Delete TITLE MANDELL, ROBERT C. NAME NAME 7362 LAKE WORTH ROAD STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change ☐ Addition MUELLER, LAWRENCE D. NAME NAME 7362 LAKE WORTH ROAD STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIP PCM ☐ Delete TITLE - Change ☐ Addition TITLE MANDELL, ESTHER NAME NAME STREET ADDRESS 7362 LAKE WORTH ROAD STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied 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 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered

SIGNATURE: