

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90393 038 \*\*\*\*61.25

**DOCUMENT # 741873**

1. Entity Name

**WINDMILL POINT I PROPERTY OWNERS'  
ASSOCIATION, INC.**



Principal Place of Business

**490 SW KENTWOOD RD  
PT ST LUCIE FL 34953**

Mailing Address

**490 SW KENTWOOD RD  
PT ST LUCIE FL 34953**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2012569**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BURSON, ROBERT A PA  
310 WEST 1ST STREET  
STUART FL 34994**

7. Name and Address of New Registered Agent

Name **Burson, Robert A PA**  
Street Address (P.O. Box Number is Not Acceptable) **900 East Ocean Blvd. Suite C-120**  
**STUART**  
City **FL** Zip Code **34994**

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 \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	AHLUM, MARCIE	
STREET ADDRESS	459 SW TULIP BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FISCHER, HOUY	
STREET ADDRESS	218 SW HOMELAND RD.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YARNELL, BELISLE	
STREET ADDRESS	210 SW HOMELAND RD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALLEN, ANTHONY	
STREET ADDRESS	222 SW CHERRY HILL RD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Briand, Fern	
STREET ADDRESS	213 S.W. Homeland Rd.	
CITY-ST-ZIP	Port St. Lucie, FL 34953	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Voight, Chris	
STREET ADDRESS	440 S.W. Kentwood Rd.	
CITY-ST-ZIP	Port St. Lucie, FL 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Marcie Ahlum* **Marcie Ahlum, President 4/12/07 (772) 336-0860**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #