

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741873

FILED
Feb 19, 2009
Secretary of State

Entity Name: WINDMILL POINT I PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

490 SW KENTWOOD RD
PT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

490 SW KENTWOOD RD
PT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 59-2012569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURSON, ROBERT A PA
900 E OCEAN BLVD SUITE C-120
STUART, FL 34994 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLY, DEBRA
Address: 391 SW TULIP BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VD () Delete
Name: JENKINS, ANN
Address: 202 SW KENTWOOD RD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: SD () Delete
Name: OROZCO, PAULA
Address: 213 SW KENTWOOD RD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TD () Delete
Name: HERTRICH, CRAIG
Address: 220 SW KIMBELL CIR
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SOLES, GREGORY
Address: 2901 SW MASSEY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: SD (X) Change () Addition
Name: SAFFIOTI, LISA
Address: 213 SW CHERRY HILL RD.
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TD (X) Change () Addition
Name: JENKINS, ANN
Address: 202 SW KENTWOOD RD.
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBI KELLY

PD

02/19/2009

Electronic Signature of Signing Officer or Director

Date