

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741873

**FILED**  
**Apr 21, 2010**  
**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  
Name: KELLY, DEBRA  
Address: 391 SW TULIP BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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

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

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

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: DEBRA KELLY

PRES

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date