

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769200

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** POINTE WINDWARD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

326 WINDRUSH BOULEVARD  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

326 WINDRUSH BOULEVARD  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

FEI Number: 59-3038459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEHMAN-LYNN, JODY  
326 WINDRUSH BLVD.  
11B  
INDIAN ROCKS BCH, FL 33785 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: MARKIEWICZ, STEVE  
Address: 326 WINDRUSH BLVD 7A  
City-St-Zip: INDIAN ROCKS BCH, FL 33785

Title: SD  
Name: GALLUZZO, JOAN  
Address: 326 WINDRUSH BLVD., 9B  
City-St-Zip: INDIAN ROCKS BCH, FL 33785

Title: M  
Name: LEHMAN-LYNN, JODY  
Address: 326 WINDRUSH BLVD 11B  
City-St-Zip: INDIAN ROCKS BCH, FL 33785

Title: VTD  
Name: KENNERLY, JIM  
Address: 326 WINDRUSH BLVD 2A  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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: JODY A. LEHMAN-LYNN

M

01/05/2012

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

\_\_\_\_\_  
Date