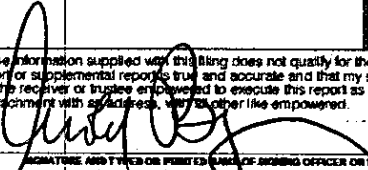


FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90132 003 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J86878			
1. Entity Name WINDMILL LAKES, INC.			
Principal Place of Business 450 SW 88TH TERRACE PEMBROKE PINES, FL 33025		Mailing Address 450 SW 88TH TERRACE PEMBROKE PINES, FL 33025	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-2833451		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAMER, ROBERT 450 SW 88TH TERRACE PEMBROKE PINES, FL 33025		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 		DATE	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VP KRAMER, ROBERT 450 SW 88TH TERRACE PEMBROKE PINES, FL 33025		VP KRAMER, ROBERT 450 SW 88TH TERRACE PEMBROKE PINES, FL 33025	
VP BERGER, ARNOLD 450 SW 88TH TERRACE PEMBROKE PINES, FL 33025		VP BERGER, ARNOLD 450 SW 88TH TERRACE PEMBROKE PINES, FL 33025	
VP [Blank]		VP [Blank]	
VP [Blank]		VP [Blank]	
VP [Blank]		VP [Blank]	
VP [Blank]		VP [Blank]	
VP [Blank]		VP [Blank]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, or another like empowered.			
SIGNATURE: 		DATE	

CR2034 (10/02)