

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006801

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** WINDMILL POINT - UNIT 4 HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

231 RUBY AVENUE  
SUITE B  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

231 RUBY AVENUE  
SUITE A  
KISSIMMEE, FL 34741

**Current Mailing Address:**

PO BOX 452847  
KISSIMMEE, FL 347452847

**New Mailing Address:**

231 RUBY AVENUE  
SUITE A  
KISSIMMEE, FL 34741

**FEI Number:** 59-3700029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASSOCIATION SOLUTIONS OF CENTRAL FLORIDA  
PO BOX 452847  
KISSIMMEE, FL 347452847 US

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

ASSOCIATION SOLUTIONS OF CENTRAL FLORIDA  
231 RUBY AVENUE  
SUITE A  
KISSIMMEE, FL 34741 US

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: \_\_\_\_\_

04/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FOUCHER, CHARLES  
Address: 2415 HATTON CHASE LANE  
City-St-Zip: KISSIMMEE, FL 34746

Title: STD ( ) Delete  
Name: MUNOZ, ALEX  
Address: 1819 ATWATER COURT  
City-St-Zip: KISSIMMEE, FL 34746

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FOUCHER, CHARLES  
Address: 2415 HATTON CHASE LANE  
City-St-Zip: KISSIMMEE, FL 34746

Title: VP (X) Change ( ) Addition  
Name: MUNOZ, ALEX  
Address: 1819 ATWATER COURT  
City-St-Zip: KISSIMMEE, FL 34746

Title: STD ( ) Change (X) Addition  
Name: TORRES, DAVID  
Address: 1794 ATWATER CLOSE  
City-St-Zip: KISSIMMEE, FL 34746

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: CHARLES FOUCHER

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date