

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006801

FILED
Apr 09, 2009
Secretary of State

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

Current Principal Place of Business:

231 RUBY AVENUE
SUITE A
KISSIMMEE, FL 34741

New Principal Place of Business:

231 RUBY AVENUE
SUITE A
KISSIMMEE, FL 34741 US

Current Mailing Address:

PO BOX 452847
KISSIMMEE, FL 34745

New Mailing Address:

231 RUBY AVENUE
SUITE A
KISSIMMEE, FL 34741 US

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
231 RUBY AVENUE
SUITE A
KISSIMMEE, FL 34741 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: P () Delete
Name: FOUCHER, CHARLES
Address: 2415 HATTON CHASE LANE
City-St-Zip: KISSIMMEE, FL 34746

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

Title: STD () Delete
Name: TORRES, DAVID
Address: 1794 ATWATER COURT
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: MANNI, LARRY
Address: 4662 HURON BAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34759

Title: VP (X) Change () Addition
Name: TORRES, DAVID
Address: 1794 ATWATER COURT
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: MARK HILLS

MR

04/09/2009

Electronic Signature of Signing Officer or Director

Date