

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90015 005 \*\*\*\*61.25

**DOCUMENT # N02000003969**

**1. Entity Name**  
**WINDMILL LAKES HOMEOWNERS' ASSOCIATION, INC.**



**Principal Place of Business**  
450 SW 88TH TERR.  
PEMBROKE PINES, FL 33025

**Mailing Address**  
ARISTA MGMT. GROUP SOUTH  
13460 SW 10TH ST STE 101  
PEMBROKE PINES, FL 33027

40100000



**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03292007 Chg-NP CR2E037 (12/06)

**4. FEI Number**  
20-0043691

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

DAVIS, CHARLES W  
ARISTA MGMT. GROUP SOUTH  
13460 SW 10TH ST STE 101  
PEMBROKE PINES, FL 33027

Name

Street Address (P.O. Box Number is Not Acceptable)

Prime management Group.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE** P ☐ Delete  
**NAME** HOOVER, TRENT  
**STREET ADDRESS** 8713 SW 3RD ST 4-202  
**CITY-ST-ZIP** PEMBROKE PINES, FL 33025

**TITLE** TREA ☐ Delete  
**NAME** FRENCH, JANELLE TREAS  
**STREET ADDRESS** 365 SW 86TH AVENUE, # 11-101  
**CITY-ST-ZIP** PEMBROKE PINES, FL 33025

**TITLE** D ☒ Delete  
**NAME** DICKENSON, STEVE  
**STREET ADDRESS** 8713 SW 5TH STREET 19-105  
**CITY-ST-ZIP** PEMBROKE PINES, FL 33025

**TITLE** VP ☐ Delete  
**NAME** HEANY, DAVID  
**STREET ADDRESS** 401 SW 86TH AVE 15-102  
**CITY-ST-ZIP** HOLLYWOOD, FL 33025

**TITLE** D ☒ Delete  
**NAME** PIZARRO, AL  
**STREET ADDRESS** 8630 SW 3RD STREET 8-107  
**CITY-ST-ZIP** PEMBROKE PINES, FL 33025

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** Secretary ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** Director ☐ Change ☒ Addition  
**NAME** Ray Valls  
**STREET ADDRESS** 2064 Windward Circle  
**CITY-ST-ZIP** Weston, FL 33326

**TITLE** VP/Treasurer ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** Director ☐ Change ☒ Addition  
**NAME** Andrea Shepard  
**STREET ADDRESS** 2064 SW 3rd Street #203  
**CITY-ST-ZIP** Pembroke Pines, FL 33025

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

Date

954 4365888

Daytime Phone #