
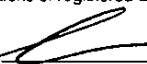
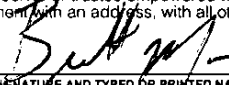


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90008 042 ****61.25

DOCUMENT # N02000003969 1. Entity Name WINDMILL LAKES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 13460 SW 10TH ST. ST 101 PEMBROKE PINES, FL 33027			Mailing Address ARISTA MGMT. GROUP SOUTH 13460 SW 10TH ST STE 101 PEMBROKE PINES, FL 33027		
2. Principal Place of Business - No P.O. Box # 450 SW 88 TERRACE		3. Mailing Address Suite, Apt. #, etc.			
City & State PEMBROKE PINES, FL		City & State Suite, Apt. #, etc.		4. FEI Number 20-0043691	
Zip 33025		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRIME MGMT GROUP ARISTA MGMT. GROUP SOUTH 13460 SW 10TH ST STE 101 PEMBROKE PINES, FL 33027				7. Name and Address of New Registered Agent Name CHARLES E. OTTO, ESQ. Street Address (P.O. Box Number is Not Acceptable) STRALEY + OTTO, P.A. 2699 STIRLING ROAD C-207 City FT. LAUDERDALE FL Zip Code 33312	
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  CHARLES OTTO, ESQ., for STRALEY + OTTO, P.A. 1.11.08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOVER, TRENT 8713 SW 3RD ST 4-202 PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRETT MANN 8842 SW 3 STREET PEMBROKE PINES, FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRENCH, JANELLE TREAS 365 SW 86TH AVENUE, # 11-101 PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRENCH, JANELLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLS, RAY 2064 WINDWARD CIRCLE FORT LAUDERDALE, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HEANY, DAVID 401 SW 86TH AVE 15-102 HOLLYWOOD, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPERD, ANDREA 8664 SW 3 ST. #203 PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: 			1/11/08 (954) 436-5588		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		