

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008904

FILED
Apr 06, 2009
Secretary of State

Entity Name: THE ESTATES AT WINDY PINES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

430 NW LAKE WHITNEY PL
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 880038
PORT SAINT LUCIE, FL 349880038 US

New Mailing Address:

FEI Number: 65-0157496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAYSHORE ASSOCIATION MANAGEMENT, INC
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 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: 1VP () Delete
Name: KEVERYN, MICHAEL
Address: 5817 NW WINDY PINES LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: S () Delete
Name: DAVIS, MELANIE
Address: 5841 NW WINDY PINES LN
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: P () Delete
Name: MELTZER, PATSI
Address: 5844 NW WINDY PINES LN
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: T () Delete
Name: HANKS, SHIRLEY
Address: 5826 NW WINDY PINES LN
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: 2VP () Delete
Name: ALTINO, ROBERT
Address: BLUE BONNET
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: 2VP (X) Change () Addition
Name: ALTINO, ROBERT
Address: 5811 BLUE BONNET CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: PATSI MELTZER

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date