

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 21, 2009**  
**Secretary of State**

DOCUMENT# N02000008904

**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:**1740 S W ST LUCIE WEST BLVD  
PORT SAINT LUCIE, FL 34986 US**Current Mailing Address:**PO BOX 880038  
PORT SAINT LUCIE, FL 349880038 US**New Mailing Address:**POST OFFICE BOX 148  
PORT SAINT LUCIE, FL 34986 US**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:**GEM PROPERTY ENTERPRISES, LLC  
643 N W WHITFIELD WAY  
PORT SAINT LUCIE, FL 34986 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: GWYN E. ERSKINE, LCAM

09/21/2009

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: 5811 BLUE BONNET CT  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

Title: 1VP (X) Change ( ) Addition  
Name: HANKS, SHIRLEY  
Address: 5826 NW WINDY PINES LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: S (X) Change ( ) Addition  
Name: HEALY, STEPHEN  
Address: 5815 NW WINDY PINES LN  
City-St-Zip: PORT ST LUCIE, FL 34986 US

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

Title: T (X) Change ( ) Addition  
Name: TUCKER, BRENDA  
Address: 5807 N W. ROSE PETAL  
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: 2VP (X) Change ( ) Addition  
Name: ROSELLI, LOU  
Address: 5808 N W ROSE PETAL  
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

PRES

09/21/2009

Electronic Signature of Signing Officer or Director

Date