## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008904

FILED Feb 16, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

643 N W WHITFIELD WAY 5815 WINDY PINES LANE

PORT SAINT LUCIE, FL 34986 US PORT SAINT LUCIE, FL 34986 US

Current Mailing Address: New Mailing Address:

643 N W WHITFIELD WAY 5815 WINDY PINES LANE

PORT SAINT LUCIE, FL 34986 US PORT SAINT LUCIE, FL 34986 US

FEI Number: 90-0327707 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GEM PROPERTY ENTERPRISES, LLC
643 N W WHITFIELD WAY
GEM PROPERTY ENTERPRISES, LLC
1640 N 42ND CIRCLE

PORT SAINT LUCIE, FL 34986 US #204

VERO BEACH, FL 32967 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, PRESIDENT 02/16/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: 1VP

Name: HANKS, SHIRLEY

Address: 5826 NW WINDY PINES LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: PRES

 Name:
 HEALY, STEPHEN

 Address:
 5815 NW WINDY PINES LN

 City-St-Zip:
 PORT ST LUCIE, FL 34986 US

Title: 2VP

Name: PRIES, BOB

Address: 5832 NW WINDY PINES LN
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: T

 Name:
 TUCKER, BRENDA

 Address:
 5807 N W. ROSE PETAL

 City-St-Zip:
 PORT ST LUCIE, FL 34986 US

Title: SEC

 Name:
 ALTINO, ROBERT

 Address:
 5811 BLUE BONNET CT.

 City-St-Zip:
 PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: GWYN E. ERSKINE, LCAM MGR 02/16/2011