

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 27, 2010**  
**Secretary of State**

DOCUMENT# N04000001031

**Entity Name:** WINDSWEPT ESTATES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5311 E CO HWY 30A  
STE 5  
SANTA ROSA BEACH, FL 32459 US**New Principal Place of Business:**495 GRAND BLVD  
SUITE 206  
MIRAMAR BEACH, FL 32550 US**Current Mailing Address:**5311 E CO HWY 30A  
STE 5  
SANTA ROSA BEACH, FL 32459 US**New Mailing Address:**495 GRAND BLVD  
SUITE 206  
MIRAMAR BEACH, FL 32550 US**FEI Number:** 20-0774333**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SHIPMAN, GARY A  
1414 CO HWY 283 SOUTH  
SUITE B  
SANTA ROSA BEACH, FL 32459 US**Name and Address of New Registered Agent:**BAKER, ELIZABETH  
495 GRAND BLVD  
SUITE 206  
MIRAMAR BEACH, FL 32550 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: ELIZABETH BAKER

04/27/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** DPST  
**Name:** DE KOK, DANIEL  
**Address:** 1264 BRUSHED DUNE CIRCLE  
**City-St-Zip:** FREEPORT, FL 32439**Title:** DV  
**Name:** KNIGHT, AL  
**Address:** 486 COASTAL BREEZE DRIVE  
**City-St-Zip:** FREEPORT, FL 32439**Title:** D  
**Name:** CUSHMAN, BOB  
**Address:** 69 FAIRWAY CROSSING  
**City-St-Zip:** FREEPORT, FL 32439

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: DANIEL DE KOK

DPST

04/27/2010

Electronic Signature of Signing Officer or Director

Date