

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 03, 2010**  
**Secretary of State**

DOCUMENT# N04000001031

**Entity Name:** WINDSWEPT ESTATES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**495 GRAND BLVD  
SUITE 206  
MIRAMAR BEACH, FL 32550 US**New Principal Place of Business:****Current Mailing Address:**495 GRAND BLVD  
SUITE 206  
MIRAMAR BEACH, FL 32550 US**New Mailing Address:****FEI Number:** 20-0774333**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BAKER, ELIZABETH  
495 GRAND BLVD  
SUITE 206  
MIRAMAR BEACH, FL 32550 US**Name and Address of New Registered Agent:**SHIPMAN, GARY A  
1414 COUNTY HIGHWAY 283 SOUTH  
SUITE B  
SANTA ROSA BEACH, FL 32541 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: GARY A. SHIPMAN

06/03/2010

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: GARY A. SHIPMAN

RA

06/03/2010

Electronic Signature of Signing Officer or Director

Date