

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N04470

1. Entity Name
**WINDMILL RANCH ESTATES MAINTENANCE
ASSOCIATION, INC.**



Principal Place of Business
**C/O THE CONTINENTAL GROUP
2950 N. 28 TERRACE
HOLLYWOOD, FL 33020 US**

Mailing Address
**C/O THE CONTINENTAL GROUP
2950 N. 28 TERRACE
HOLLYWOOD, FL 33020 US**



03142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2587732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EICHNER, PAUL
BAKALAR & EICHNER, P.A.
150 SOUTH PINE SOUTH ISLAND RD, STE 540
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NEMHAUSER, NANCY
STREET ADDRESS	2855 PADDOCK RD
CITY-ST-ZIP	WESTON, FL 33331
TITLE	PD
NAME	FASS, JOEL
STREET ADDRESS	2955 LUCKIE RD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331
TITLE	TD
NAME	MASUR, WAYNE
STREET ADDRESS	2680 HUNTER CT.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	SD
NAME	SEIDLE, MICHELLE
STREET ADDRESS	2790 HACKNEY RD.
CITY-ST-ZIP	WESTON, FL 33331
TITLE	D
NAME	COHEN, BRUCE
STREET ADDRESS	2775 PADDOCK RD.
CITY-ST-ZIP	WESTON, FL 33331
TITLE	VPD
NAME	STERN, STEVE
STREET ADDRESS	3155 WILLOW LANE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331

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04/13/07-80032-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wayne K. Masur*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE MASUR

3/15/07

Date

(954) 465-9499

Daytime Phone #