2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # N04470

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

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

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03062008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2587732
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000874111
04/10/08-80104-018 61.25

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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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 3/7/08 (954) 965-9499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #