

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 29, 2012**  
**Secretary of State**

DOCUMENT# N23637

**Entity Name:** THE WINDWARDS AT HARBOURSIDE OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**C/O LIBERTE MGMT  
10681 GULF BLVD SUITE 207  
TREASURE ISLAND, FL 33706 US**New Principal Place of Business:**5901 US HWY. 19  
7Q  
NEW PORT RICHEY, FL 34652 US**Current Mailing Address:**C/O LIBERTE MGMT  
10681 GULF BLVD SUITE 207  
TREASURE ISLAND, FL 33706 US**New Mailing Address:**5901 US HWY. 19  
7Q  
NEW PORT RICHEY, FL 34652 US**FEI Number:** 59-2880483**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LIBERTE MGMT  
10681 GULF BLVD SUITE 207  
SAINT PETERSBURG, FL 33706 US**Name and Address of New Registered Agent:**QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HWY. 19  
7Q  
NEW PORT RICHEY, FL 34652 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: MARY A. WHITE

06/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BACHELER, TOM  
Address: 5901 US HWY. 19, STE. 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP  
Name: DORSTEN, JOHN  
Address: 5901 US HWY. 19, STE. 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SEC  
Name: FRANCIS, GORDON  
Address: 5901 US HWY. 19, STE. 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TREA  
Name: CATALIOTO, TONY  
Address: 5901 US HWY. 19, STE. 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D  
Name: KUHN, RONALD  
Address: 5901 US HWY. 19, STE. 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: TOM BACHELER

PRES

06/29/2012

Electronic Signature of Signing Officer or Director

Date