

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

FILED

Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N29898

1. Entity Name
WINDY HILLS FARMS OWNERSHIP ASSOCIATION, INC.



Principal Place of Business

**12515 NW 56 AVE.
C/O G. CHRISTIAN MEYER
GAINESVILLE, FL 32653-3552 US**

Mailing Address

**12515 NW 56 AVE.
C/O G. CHRISTIAN MEYER
GAINESVILLE, FL 32653-3552 US**



03082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3363657

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEYER, G. C
12515 NW 56 AVE.
GAINESVILLE, FL 32653**

**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**

U00000664269
03/22/07-80037-009 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MEYER, G CHRISTIAN
STREET ADDRESS 12515 NW 56 AVE.
CITY-ST-ZIP GAINESVILLE, FL

TITLE STD
NAME MEYER, PATRICIA A
STREET ADDRESS 12515 NW 56 AVE.
CITY-ST-ZIP GAINESVILLE, FL

TITLE D
NAME LAMBERT, LESLIE
STREET ADDRESS 12300 NW 56TH AVE
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE VD
NAME MICKLE, SHELLEY
STREET ADDRESS 12808 NW 56 AVE.
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE D
NAME HUIH, SUSAN
STREET ADDRESS 4608 NW 119 ST
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. CHRISTIAN MEYER

3/9/2007 3523341740

Date

Daytime Phone #