

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N32034**

1. Entity Name  
**WINDCHIME LAKES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**902 CLINT MOORE ROAD  
BOCA RATON, FL 33487**

Mailing Address  
**A&N MANAGEMENT, INC.  
902 CLINT MOORE ROAD, SUITE 110  
BOCA RATON, FL 33487**



01142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0262399**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PATTI HEIDLER LADWIG, P.A.  
12765 W. FOREST HILL BLVD., STE. 1312  
WELLINGTON, FL 33414**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BALDWIN, WALTER  
6147 WINDLASS CIR.  
BOYNTON BEACH, FL 33472**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
OSOWSKY, IRVING  
8628 WINDY CIRCLE  
BOYNTON BEACH, FL 33472**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
KAPLAN, MARK  
6148 WINDLASS CIRCLE  
BOYNTON BEACH, FL 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SC  
HUGHES, MARIANNE  
6279 WINDLASS CIRCLE  
BOYNTON BEACH, FL 33472**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000030149  
02/26/08-80072-003 70.00

**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

Date

Daytime Phone #

Walter Baldwin, President

2/1/08

561-436-0076