

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90095 047 ****61.25

DOCUMENT # N32246

1. Entity Name

WINDSTONE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

JAKARS MGMT
666 NE DIXIE HWY
JENSEN BEACH FL 34957

Mailing Address

JAKARS MGMT
666 NE DIXIE HWY
JENSEN BEACH FL 34957



1st MOORE

CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #

JAKAB MGMT

Suite, Apt. #, etc.

666 NE DIXIE HWY

City & State

JENSEN BEACH, FL

Zip

34957

Country

USA

3. Mailing Address

JAKAB MGMT

Suite, Apt. #, etc.

PO BOX 111

City & State

JENSEN BEACH, FL

Zip

34958

Country

USA

4. FEI Number

59-2173123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, LARRY M
73 SW FLAGLER AVE
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
PD	PIERCE, JOSPEH	66 SW BUTTON BRUSH CT	PALM CITY FL 34990	<input checked="" type="checkbox"/>
VPD	HARVEY, WILLIAM	166 SW CASSINE CT	PALM CITY FL 34990	<input checked="" type="checkbox"/>
VPD	MUNZ, MIKE	132 SW CASINE CT	PALM CITY FL 34990	<input type="checkbox"/>
TD	NATHANSON, ALEX	97 SW CASSINE CT	PALM CITY FL 34990	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PD	HAYMAN, JAMES	66 SW WIREGRASS CT	PALM CITY, FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	LOSSASO, LIZ	3918 SW RIVERS END WAY	PALM CITY, FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VPD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	KOSMALER, CHARLES	4258 SW RIVERS END WAY	PALM CITY, FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	LIPPMAN, DIETMAR	4257 SW RIVERS END WAY	PALM CITY, FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07 772-225-5058