

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90038 044 \*\*\*\*61.25

**DOCUMENT # N32246**

1. Entity Name

**WINDSTONE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

**JAKAB MGMT  
666 NE DIXIE HWY  
JENSEN BEACH FL 34957**

Mailing Address

**JAKAB MGMT  
P.O. BOX 111  
JENSEN BEACH FL 34958**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

**STEWART, LARRY M  
73 SW FLAGLER AVE  
STUART FL 34994**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME HAYMAN, JAMES ☒ Delete  
STREET ADDRESS 66 SW WIRE GRASS CT  
CITY-ST-ZIP PALM CITY FL 34990

TITLE PD ☐ Change ☒ Addition  
NAME BUTLEY, SHARON  
STREET ADDRESS 222 SW LAKE RUSH CT  
CITY-ST-ZIP PALM CITY FL 34990

TITLE VPD  
NAME LOSSASO, LIZ ☒ Delete  
STREET ADDRESS 3918 SW RIVERS END WAY  
CITY-ST-ZIP PALM CITY FL 34990

TITLE SD ☐ Change ☒ Addition  
NAME SHIRLEY, PAUL  
STREET ADDRESS 4156 SW RIVERS END WAY  
CITY-ST-ZIP PALM CITY FL 34990

TITLE VPD ☒ Delete  
NAME MUNZ, MIKE  
STREET ADDRESS 132 SW CASINE CT  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME NATHANSON, ALEX  
STREET ADDRESS 97 SW CASSINE CT  
CITY-ST-ZIP PALM CITY FL 34990

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME KOSMALER, CHARLES  
STREET ADDRESS 4258 SW RIVERS END WAY  
CITY-ST-ZIP PALM CITY FL 34990

TITLE TD ☐ Change ☒ Addition  
NAME KLAGER, SCOTT  
STREET ADDRESS 31 SW BUTTON BUSH CT.  
CITY-ST-ZIP PALM CITY FL 34990

TITLE SD ☐ Delete  
NAME LIPPMAN, DIETMAR  
STREET ADDRESS 4257 SW RIVERS END WAY  
CITY-ST-ZIP PALM CITY FL 34990

TITLE VPD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

*SH Butley* 3/14/08 President

772-225-5058