

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35178

FILED
Mar 23, 2009
Secretary of State

Entity Name: WINDMILL LAKE ESTATES MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

C/O GABLES PROPERTY MANAGEMENT
1495 NORTH PARK DR
FORT LAUDERDALE, FL 33326 US

Current Mailing Address:

C/O GABLES PROPERTY MANAGEMENT
1495 NORTH PARK DR
FORT LAUDERDALE, FL 33326 US

New Principal Place of Business:

C/O CENTURY MANAGEMENT SERVICES, INC
1495 NORTH PARK DR
FORT LAUDERDALE, FL 33326 US

New Mailing Address:

C/O CENTURY MANAGEMENT SVCS. INC.
1495 NORTH PARK DR
FORT LAUDERDALE, FL 33326 US

FEI Number: 65-0164799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER
150 PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: ZAROFF, BRETT
Address: 1495 N. PARK DR.
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: MCDONNELL, JOSEPH
Address: 1495 N. PARK DR
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: WORTH, JEFFREY
Address: 1495 N. PARK DR
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: GWYNN, DARRELL
Address: 1495 N. PARK DR
City-St-Zip: WESTON, FL 33326

Title: PD () Delete
Name: BIEN AIME, TONY
Address: 1495 N. PARK DR
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZAROFF, BRETT
Address: 1495 N. PARK DR.
City-St-Zip: WESTON, FL 33326

Title: T (X) Change () Addition
Name: MCDONNELL, JOSEPH
Address: 1495 N. PARK DR
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEE CORT

LCAM

03/23/2009

Electronic Signature of Signing Officer or Director

Date