


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90148 024 ****61.25

DOCUMENT # N99000005405					
1. Entity Name WINDMILL PROFESSIONAL CAMPUS ASSOCIATION, INC.					
Principal Place of Business C/O GABLES PROPERTY MNGMT. 3300 CORPORATE AVE., #110 WESTON, FL 33331			Mailing Address C/O GABLES PROPERTY MNGMT. 3300 CORPORATE AVE., #110 WESTON, FL 33331		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		01122005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0948454				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KREILING, EDWARD PAUL ROSEN, KREILING & EICHNER, P.A. 2500 WESTON RD., SUITE 220 WESTON, FL 33331			Name Bakalar & Eichner Street Address (P.O. Box Number is Not Acceptable) 150 S. Pine Island Rd. Suite 540 City Plantation FL Zip Code 33324		
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 <u>Bakalar & Eichner, P.A.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/6/2005</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	PD BRESSALIER, ALAN 3300 CORPORATE AVE., #110 FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD STAFMAN, RANDALL 3300 CORPORATE AVE., #110 FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BELLOWS, JAN 3300 CORPORATE AVE., #110 FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Alan H. Bressalier President</u>			Date <u>3/8/05</u> Daytime Phone # <u>(954) 384-2220</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					