## 2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000003887

Entity Name: WINDMILL LAKES CONDOMINIUM ASSOCIATION, INC.

**FILED** Nov 15, 2017 **Secretary of State** CC6988289215

## **Current Principal Place of Business:**

401 SW 86 AVENUE

PEMBROKE PINES, FL 33025

## **Current Mailing Address:**

B.D.M. PROPERTY MANAGEMENT, LLC 1603 SOUTH CYPRESS ROAD POMPANO BEACH, FL 33060 US

FEI Number: 52-2375818 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

B.D.M. PROPERTY MANAGEMENT, LLC B.D.M. PROPERTY MANAGEMENT, LLC 1603 SOUTH CYPRESS ROAD POMPANO BEACH, FL 33060 US

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: B.D.M. PROPERTY MANAGEMENT, LLC. 11/15/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

LLC

LLC

LLC

Title **SECRETARY** Title PRESIDENT, TREASURER

KEDDO, DWAIN Name HOLDER, ATTY Name

Address B.D.M. PROPERTY MANAGEMENT, B.D.M. PROPERTY MANAGEMENT, Address

LLC

1603 SOUTH CYPRESS ROAD 1603 SOUTH CYPRESS ROAD

City-State-Zip: POMPANO BEACH FL 33060 City-State-Zip: POMPANO BEACH FL 33060

DIRECTOR DIRECTOR Title Title

Name TORRES, LISSETTE Name MANN, BRETT

Address B.D.M. PROPERTY MANAGEMENT, Address B.D.M. PROPERTY MANAGEMENT,

> LLC 1603 SOUTH CYPRESS ROAD

1603 SOUTH CYPRESS ROAD POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

Name FRENCH, JANELLE Name MENDEZ, MELISSA

Address B.D.M. PROPERTY MANAGEMENT. Address B.D.M. PROPERTY MANAGEMENT.

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1603 SOUTH CYPRESS ROAD 1603 SOUTH CYPRESS ROAD

POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

WILLIAMS, ELIZABETH VOIGHT, RANDI Name Name

Address B.D.M. PROPERTY MANAGEMENT, Address B.D.M. PROPERTY MANAGEMENT, LLC LLC

1603 SOUTH CYPRESS ROAD 1603 SOUTH CYPRESS ROAD

City-State-Zip: POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 City-State-Zip:

I hereby 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 all other like empowered.

SIGNATURE: ATTY HOLDER **PRESIDENT** 11/15/2017