

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003887

FILED
Jan 18, 2018
Secretary of State
CC5687174457

Entity Name: WINDMILL LAKES CONDOMINIUM ASSOCIATION, INC.

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.

01/18/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name KEDDO, DWAIN
Address B.D.M. PROPERTY MANAGEMENT,
LLC
1603 SOUTH CYPRESS ROAD
City-State-Zip: POMPANO BEACH FL 33060

Title PRESIDENT, TREASURER
Name HOLDER, ATTY
Address B.D.M. PROPERTY MANAGEMENT,
LLC
1603 SOUTH CYPRESS ROAD
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name TORRES, LISSETTE
Address B.D.M. PROPERTY MANAGEMENT,
LLC
1603 SOUTH CYPRESS ROAD
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name MANN, BRETT
Address B.D.M. PROPERTY MANAGEMENT,
LLC
1603 SOUTH CYPRESS ROAD
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name FRENCH, JANELLE
Address B.D.M. PROPERTY MANAGEMENT,
LLC
1603 SOUTH CYPRESS ROAD
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name MENDEZ, MELISSA
Address B.D.M. PROPERTY MANAGEMENT,
LLC
1603 SOUTH CYPRESS ROAD
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name WILLIAMS, ELIZABETH
Address B.D.M. PROPERTY MANAGEMENT,
LLC
1603 SOUTH CYPRESS ROAD
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name VOIGHT, RANDI
Address B.D.M. PROPERTY MANAGEMENT,
LLC
1603 SOUTH CYPRESS ROAD
City-State-Zip: POMPANO BEACH FL 33060

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

01/18/2018

Electronic Signature of Signing Officer/Director Detail

Date