

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006749

**FILED**  
**Apr 29, 2017**  
**Secretary of State**  
**CC2319047047**

**Entity Name:** WINDIES POSSE !! INC.

**Current Principal Place of Business:**

4200 NW 3RD CT  
236  
PLANTATION, FL 33317

**Current Mailing Address:**

4200 NW 3RD CT  
236  
PLANTATION, FL 33317

**FEI Number:** 26-3002085

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROCHFORD, GAYLE  
8400 SUNRISE LAKES BLVD  
211  
SUNRISE, FL 33322 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name JULIEN, DEREK  
Address 4200 NW 3RD CT APT. 236  
City-State-Zip: PLANTATION FL 33317

Title VP  
Name KURBAN, MARJORIE  
Address 875 SW 4TH CT APT 7  
City-State-Zip: BOCA RATON FL 33432

Title TREA  
Name RAMOUTAR, OMA  
Address 4200 NW 3RD CT APT. 236  
City-State-Zip: PLANTATION FL 33317

*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:** DEREK JULIEN

P

04/29/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date