FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:26

DOCUMENT # 725593 (8)

1. Corporation Name
THE WINDJAMMER CONDOMINIUM ASSOCIATION OF COCOA BEACH, INC.

Principal Place of Business	Mailing Address
555 FILLMORE AVENUE CAPE CANAVERAL FL 32920	555 FILLMORE AVENUE CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1973
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1776351 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PRINCE, RALPH P
555 FILLMORE AVE. UNITE #508
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PRINCE, RALPH P	1.2 NAME	PULEO, SALVATORE T.	
STREET ADDRESS	555 FILLMORE AVE. #508	1.3 STREET ADDRESS	555 FILLMORE AVE. #405	
CITY-ST-ZIP	CAPE CANAVERAL FL	1.4 CITY-ST-ZIP	CAPE CANAVERAL, FL	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	GRIGSBY, BRIAN R	2.2 NAME	PRINCE, RALPH P.	
STREET ADDRESS	26 DANUBE RIVER DR.	2.3 STREET ADDRESS	555 FILLMORE AVE #508	
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP	CAPE CANAVERAL, FL	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	CARMICHAEL WM. M.	3.2 NAME		
STREET ADDRESS	555 FILLMORE AVE.#603	3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	REED, MARJORIE S	4.2 NAME	SCHAEFLE, ALAN L.	
STREET ADDRESS	555 FILLMORE AVE. #204	4.3 STREET ADDRESS	555 FILLMORE AVE #401	
CITY-ST-ZIP	CAPE CANAVERAL FL	4.4 CITY-ST-ZIP	CAPE CANAVERAL, FL	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	CLARK, JOHN F	5.2 NAME	ARMBRUSTER, WALTER	
STREET ADDRESS	555 FILLMORE AVE. #408	5.3 STREET ADDRESS	555 FILLMORE AVE #608	
CITY-ST-ZIP	CAPE CANAVERAL FL	5.4 CITY-ST-ZIP	CAPE CANAVERAL, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Salvatore Puleo 2/8/95 (407) 799-4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004610