

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified

02/19/1973

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1776351

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
PULEO, SALVATORE T
STREET ADDRESS
555 FILLMORE AVE #405
CITY-STATE-ZIP
CAPE CANAVERAL FL

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
PRINCE, RALPH P
STREET ADDRESS
555 FILLMORE AVE #508
CITY-STATE-ZIP
COCOA BEACH FL

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE ☒ DELETE

NAME
SD
CARMICHAEL WM. M.
STREET ADDRESS
555 FILLMORE AVE #603
CITY-STATE-ZIP
CAPE CANAVERAL FL

31 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
TD
SCHAEFLE, ALAN L
STREET ADDRESS
555 FILLMORE AVE #401
CITY-STATE-ZIP
CAPE CANAVERAL FL

41 TITLE ☒ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
D
ARMBRUSTER, WALTER
STREET ADDRESS
555 FILLMORE AVE #608
CITY-STATE-ZIP
CAPE CANAVERAL FL

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)