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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

4. FEI Number: 59-1776351 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

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 _____ 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	ST	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PULEO, SALVATORE T		1.2 NAME		
STREET ADDRESS	555 FILLMORE AVE #405		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	PRINCE, RALPH P		2.2 NAME		
STREET ADDRESS	555 FILLMORE AVE #508		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	BELL, JOHN N.		3.2 NAME		
STREET ADDRESS	555 FILLMORE AVE., #606		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SCHAEFLE, ALAN L		4.2 NAME	KELLOGG, E. WILLIAM	
STREET ADDRESS	555 FILLMORE AVE #401		4.3 STREET ADDRESS	555 FILLMORE AVE. #302	
CITY-ST-ZIP	CAPE CANAVERAL FL		4.4 CITY-ST-ZIP	CAPE CANAVERAL, FL. 32920	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BOTTINGER, AUTHUR		5.2 NAME	STINGER, ARTHUR	
STREET ADDRESS	555 FILLMORE AVE., #306		5.3 STREET ADDRESS	555 FILLMORE AVE #404	
CITY-ST-ZIP	CAPE CANAVERAL FL		5.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE	[illegible]	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	[illegible]		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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: Ralph P Prince RALPH P PRINCE 2-3-98 (407) 783-4252

CR2E037 (10/97)