

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725593

1. Entity Name

THE WINDJAMMER CONDOMINIUM ASSOCIATION OF COCOA

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90009 029 ****70.00

Principal Place of Business

555 FILLMORE AVENUE
CAPE CANAVERAL FL 32920

Mailing Address

555 FILLMORE AVENUE
CAPE CANAVERAL FL 32920-3182

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1776351

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
NAME KELLOGG, E W
STREET ADDRESS 555 FILLMORE AVE 302
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME PRINCE, RALPH P
STREET ADDRESS 555 FILLMORE AVE #508
CITY-ST-ZIP COCOA BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME WILLIAM, SEITZ J JR
STREET ADDRESS 555 FILLMORE AVE #505
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHAEFLE, ALAN L
STREET ADDRESS 555 FILLMORE AVE #401
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STINGER, ARTHUR
STREET ADDRESS 555 FILLMORE AVE 404
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-2000

Date

321-783-4252

Daytime Phone #

CR2E037 (9/99)