FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 13, 2001 8:00 am **DOCUMENT # 725593** Secretary of State 1. Entity Name THE WINDJAMMER CONDOMINIUM ASSOCIATION OF COCOA 02-13-2001 90063 041 \*\*\*\*61.25 Principal Place of Business Mailing Address 555 FILLMORE AVENUE 555 FILLMORE AVENUE 919960 CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1776351 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PRINCE, RALPH P 555 FILLMORE AVE. UNITE #508 CAPE CANAVERAL FL 32920 Zip Code FL 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 Stonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME KELLOGG, E W STREET ADDRESS STREET ADDRESS 555 FILLMORE AVE 302 CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL 32920 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PRINCE, RALPH P NAME STREET ADDRESS STREET ADDRESS 555 FILLMORE AVE #508 CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL Delete TITLE TITLE ☐ Change ☐ Addition NAME WILLIAM, SEITZ J JR NAME STREET ADDRESS 555 FILLMORE AVE #505 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL 32920 TITLE Delete ☐ Change ☐ Addition SCHAEFLE, ALAN L STREET ADDRESS 555 FILLMORE AVE #401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL TITLE D'DONDEU, HUGH STINGER, ARTHUR NAME NAME 555 FILLMORA AUS # 105 STREET ADDRESS 555 FILLMORE AVE 404 STREET ADDRESS CAPE CANANERAL, FL 32920 CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL 32920 AGST. SECRETARY TITLE Delete TITLE STACHEL, Joyce NAME NAME STREET ADDRESS STREET ADDRESS CAPE CANASAME, FL 32920 CITY-ST-ZIP CITY-ST-ZIP -555 FILL MORE DIE # 101

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-01

721-783-4252

Daytime Phone #