2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State
03-09-2006 90167 019 ****61.25

DOCUMENT # 725593

1. Entity 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

1st MOORE CR2E037 (10/05)

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'DONNELL, HUGH B 555 FILLMORE AVE , # 105 CAPE CANAVERAL FL 32920	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CARMICHAEL, WILLIAM M 555 FILLMORE AVE, #603 CAPE CANAVERAL, FL 32920	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRINCE, RALPH P 555 FILLMORE AVE #508 CAPE CANAVERAL FL 32920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRINCE, RALPH P 555 FILLMORE AVE #508 CAPE CANAVERAL, FL 32920	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WARD, BENJAMIN P JR 555 FILLMORE AVE, # 405 CAPE CANAVERAL FL 32920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WARD, BENJAMIN P JR 555 FILLMORE AVE, #405 CAPE CANAVERAL, FL 32920	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STOM, GLEN R 555 FILLMORE AVE, # 506 ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Glenn R STOM, [illegible] 555 FILLMORE AVE, #506 Cape Canaveral, FL 32920	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LABRIOLA, LISA C 555 FILLMORE AVE,# 205 CAPE CANAVERAL FL 32920	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WURM, ALBERT M 555 Fillmore ave #202 Cape Canaveral, FL 32920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'DONNELL, HIGH B 555 FILLMORE AVE, # 105 CAPE CANAVERAL FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Glenn R. Stom President