2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90245 043 ****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

04232008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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
STOM, GLENN R 555 FILLMORE AVE. UNITE #506 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 Petey Davis Petey Davis 4/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 CARMICHAEL, WILLIAM M 555 FILLMORE AVE 603 CAPE CANAVERAL, FL 32920	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Schaefle, Alan 555 Fillmore Ave #401 Cape Canaveral FL 32920 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LABRIOLA, LISA 555 FILLMORE AVE. UNITE #205 CAPE CANAVERAL, FL 32920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Labriola, Lisa ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OSEKOWSKI, CRAIG 555 FILLMORE AVE. UNITE #108 CAPE CANAVERAL, FL 32920	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Sager, John 1590 S Carpenter Rd Titusville FL 32796 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STOM, GLEN R 555 FILLMORE AVE, # 506 ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Heath, Joe 555 Fillmore Ave 102 Cape Canaveral FL 32920 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WURM, ALBERT M 555 FILLMORE AVE 202 CAPE CANAVERAL, FL 32920	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 Chapter 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: Petey Davis Petey Davis 4/28/08 (321) 784-2091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #