2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 725593

Entity Name: THE WINDJAMMER CONDOMINIUM ASSOCIATION OF COCOA BEACH, INC.

Current Principal Place of Business:

555 FILLMORE AVENUE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

555 FILLMORE AVENUE
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-1776351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOM, GLENN R
555 FILLMORE AVE. UNITE #506
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LABRIOLA, LISA
Address: 555 FILLMORE AVE. UNITE #205
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: P ( ) Delete
Name: STOM, GLEN R
Address: 555 FILLMORE AVE, # 506
City-St-Zip: ORLANDO, FL 32819

Title: VD ( ) Delete
Name: SCHARFLE, ALAN
Address: 555 FILLMORE AVE #401
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: HEATH, JOSEPH
Address: 555 FILLMORE AVE, # 102
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change ( ) Addition
Name: SCHARFLE, ALAN
Address: 555 FILLMORE AVE #401
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: STD ( ) Change (X) Addition
Name: CARMICHAEL, WILLIAM
Address: 555 FILLMORE AVE #603
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VPD ( ) Change (X) Addition
Name: SAGER, JOHN
Address: 555 FILLMORE AVE #407
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH HEATH P 04/08/2009

Electronic Signature of Signing Officer or Director — Date