

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725593

FILED  
Mar 02, 2011  
Secretary of State

**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  
Name: LABRIOLA, LISA  
Address: 555 FILLMORE AVE. UNITE #205  
City-St-Zip: CAPE CANAVERAL, FL 32920

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

Title: D  
Name: SCHAEFLE, ALAN  
Address: 555 FILLMORE AVE #401  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SDT  
Name: RITTERLING, ORVILLE  
Address: 555 FILLMORE AVE #604  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VPD  
Name: STOM, GLENN  
Address: 555 FILLMORE AVE #506  
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby 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 all other like empowered.

SIGNATURE: JOE HEATH

P

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date