

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727867 (4)
1. Corporation Name
WINDJAMMER VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
9411 CYPRESS LAKE DR #2 FT. MYERS FL 33919 US

3. Date Incorporated or Qualified **10/25/1973** 3a. Date of Last Report **04/10/1995**
4. FFI Number **59-1526141** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**SCHOO, WILLIAM W.
9411 CYPRESS LAKE DR
STE 2
FT MYERS FL 33919**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEE, HOWARD | 1.2 NAME | |
| STREET ADDRESS | 4427 E MAINMAST CT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS, FL 00000 | 1.4 CITY-ST-ZIP | 33919 |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRUCKNER, ALFRED | 2.2 NAME | |
| STREET ADDRESS | 4476 WINDJAMMER LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS, FL 00000 | 2.4 CITY-ST-ZIP | 33919 |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | SD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STAPLETON, BILLIE | 3.2 NAME | Stapleton, Billie |
| STREET ADDRESS | 4586 JIBBOOM CT | 3.3 STREET ADDRESS | 4586 Jibboom Ct. 1C |
| CITY-ST-ZIP | FT MYERS, FL 00000 | 3.4 CITY-ST-ZIP | Fort Myers, FL 33919 |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | TD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARLSON, CHARLES | 4.2 NAME | Carlson, Charles |
| STREET ADDRESS | 4386 JIBBOOM COURT 2A | 4.3 STREET ADDRESS | 4408 Foremast Ct. |
| CITY-ST-ZIP | FT MYERS, FL 00000 | 4.4 CITY-ST-ZIP | Fort Myers FL 33919 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELKE, RALPH | 5.2 NAME | Brinkruff, Art |
| STREET ADDRESS | 4446 WINDJAMMER LANE | 5.3 STREET ADDRESS | 4436 Windjammer Lane |
| CITY-ST-ZIP | FT MYERS, FL 00000 | 5.4 CITY-ST-ZIP | Fort Myers, FL 33919 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURKE, THOMAS | 6.2 NAME | |
| STREET ADDRESS | 4456 W MAINMAST CT | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS, FL 00000 | 6.4 CITY-ST-ZIP | 33919 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles E Carlson Date: 4-5-96 Daytime Phone #: 941-481-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)