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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727867 (4)

1. Corporation Name
WINDJAMMER VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 9411 CYPRESS LAKE DR #2 FT. MYERS FL 33919 US	Mailing Address 9411 CYPRESS LAKE DR #2 FT. MYERS FL 33919-4989 US
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3. Date Incorporated or Qualified 10/25/1973	3a. Date of Last Report 04/09/1996
4. FEI Number 59-1526141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME LEE, HOWARD	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4427 E MAINMAST CT	CITY-ST-ZIP FT MYERS, FL 00000	
TITLE VPD PD	NAME BRUCKNER, ALFRED	<input type="checkbox"/> DELETE
STREET ADDRESS 4476 WINDJAMMER LANE	CITY-ST-ZIP FT MYERS, FL 00000	
TITLE SD	NAME STAPLETON, BILLIE	<input type="checkbox"/> DELETE
STREET ADDRESS 4586 JIBBOOM COURT, 1C	CITY-ST-ZIP FT. MYERS FL	
TITLE TD	NAME CARLSON, CHARLES	<input type="checkbox"/> DELETE
STREET ADDRESS 4408 FOREMAST CT	CITY-ST-ZIP FT. MYERS FL	
TITLE D	NAME BRINKROFF, ART	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4436 WINDJAMMER LANE	CITY-ST-ZIP FT. MYERS FL	
TITLE D	NAME BURKE, THOMAS	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4458 W MAINMAST CT	CITY-ST-ZIP FT MYERS, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD	1.2 NAME SHIRLEY BERG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.3 STREET ADDRESS 4417 SPANKER CT UNIT 3-D	1.4 CITY-ST-ZIP FT MYERS FL 33919	
2.1 TITLE D	2.2 NAME RALPH BELKE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.3 STREET ADDRESS 4446 WINDJAMMER LANE	2.4 CITY-ST-ZIP FORT MYERS FL 33919	
3.1 TITLE D	3.2 NAME EDWARD BERG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.3 STREET ADDRESS 4417 SPANKER CT 3-D	3.4 CITY-ST-ZIP FT MYERS, FL 33919	
4.1 TITLE D	4.2 NAME EVELYN BELCH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.3 STREET ADDRESS 4379 JIBBOOM CT 2-C	4.4 CITY-ST-ZIP FORT MYERS FL 33919	
5.1 TITLE D	5.2 NAME EDWIN KUEHLMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.3 STREET ADDRESS 4396 BOWSPRIT CT 2-C	5.4 CITY-ST-ZIP FT MYERS FL 33919	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE **4/2/97**

CR2E037 (9/96)