


FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 0411 CYPRESS LAKE DR #2 FT. MYERS FL 33919 US	Mailing Address 0411 CYPRESS LAKE DR #2 FT. MYERS FL 33919 US
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3. Date Incorporated or Qualified 10/25/1973		
4. FEI Number 59-1526141	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 26
Zip 24	Country 29

9. Name and Address of Current Registered Agent

**SCHOO, WILLIAM W.
 0411 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	BERG, SHIRLEY 4417 SPANKER CT., UNIT 3-D FT MYERS, FL 00000	1.1 TITLE P	Shirley Berg 4417 Spanker Court, Unit 3D Fort Myers, Fl 33919
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE PD	BRUCKNER, ALFRED 4478 WINDJAMMER LANE FT MYERS, FL 00000	2.1 TITLE VP	Alfred Bruckner 4476 Windjammer Lane Fort Myers, FL 33919
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SD	STAPLETON, BILLIE 4588 JIBBOOM COURT, 1C FT. MYERS FL	3.1 TITLE S	Cheryl Leifeld 4464 West Mainmast Court Fort Myers, FL 33919
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE TD	CARLSON, CHARLES 4408 FOREMAST CT FT. MYERS FL	4.1 TITLE D	Ed Berg 4417 Spanker Court, Unit 3D Fort Myers, FL 33919
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	KUEHLMAN, EDWIN 4386 BOWSPRIT CT., 2-C FT. MYERS FL	5.1 TITLE D	Bee Hallett 4386 Jib'boom Court Unit 4C Fort Myers, FL 33919
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	BELKE, RALPH 4446 WINDJAMMER LANE FT MYERS, FL 00000	6.1 TITLE D	Nancy Momberg 4417 Spanker Court Unit 4A Fort Myers, FL 33919
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sandra B. Mortham* _____

CRE037 (10/97)