04-20-1999 90235 002 \*\*\*\*61.25

## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 727867

1. Corporation Name

## WINDJAMMER VILLAGE CONDOMINIUM ASSOCIATION, INC.

	of Business	Mailing Address					
9411 CYPRESS LAKE DR		9411 CYPRESS LAKE DR				ik 1414 (1414 44	
#2		#2					
FT. MYERS FL	33919	FT. MYERS FL 33919 US			t 1881tt 1884 tintt 1889t fütte eintt ener eintt ur	811 B1811 81911 818	
US		00					
2 Principal Pla	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
2. Principal Place of Business		26		10/25/1973			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number Applied For			
22		27		59-1526141	Not	Applicable	
City & State		City & State		5. Certificate of Status Desired	\$8.75 A		
23		28		5. Certificate of Status Desired	Fee Red	quired	
Zip	Country	Zip	Count	у	6. Election Campaign Financing	\$5.00	- 1
24	25	29 30	<u> </u>		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent		41	10. Name and Address of New Registered	Agent	
			8	1 Name			į.
SCHOO, V	VILLIAM W.	82 Street Add		2 Street	dress (P.O. Box Number is Not Acceptable)		
	RESS LAKE DR					<del>,</del>	
STE 2				3			
FT MYERS	5 FL 33919		8	4 City		85 Zip C	code
					FL	e l	aistared
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes, Florida, Such change was auth	the abo orized b	ve-named or v the corpo	corporation submits this statement for the purpose of pration's board of directors. I hereby accept the appo	intment as reg	registered gistered
agent. I ar	m familiar with and accept the obligation	ons of, Section 617.0503, Florida	a Statute	s.	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoint		
SIGNATURE							\
Signature, types or pented name of registered agent a		<del></del>	gistered Ag	ent signature n	equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO	RS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE	——————————————————————————————————————		☐ Change	☐ Addition
TITLE	P						
	DEDO CUIDLEV		12 NAME				
NAME	BERG, SHIRLEY	!	1.2 NAME	1			
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CITY-ST-ZIP FT MYERS, FL 00000 33919

14. I 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, pyon an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-16-99

Daytime Phone #