

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

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

Principal Place of Business

Mailing Address

9411 CYPRESS LAKE DR  
 #2  
 FT. MYERS FL 33919  
 US

9411 CYPRESS LAKE DR  
 #2  
 FT. MYERS FL 33919  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/25/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1526141	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOO, WILLIAM W.  
 9411 CYPRESS LAKE DR  
 STE 2  
 FT MYERS FL 33919

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, SHIRLEY	1.2 NAME	
STREET ADDRESS	4417 SPANKER CT., UNIT 3-D	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000 33919	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCKNER, ALFRED	2.2 NAME	Howard Lee
STREET ADDRESS	4476 WINDJAMMER LANE	2.3 STREET ADDRESS	4427 East Mainmast Court
CITY-ST-ZIP	FT MYERS, FL 00000 33919	2.4 CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEIFELD, CHERYL	3.2 NAME	Bee Hallett
STREET ADDRESS	4464 WEST MAINMAST COURT	3.3 STREET ADDRESS	4336 JibBoom Court 4C
CITY-ST-ZIP	FT. MYERS FL 33919	3.4 CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, CHARLES	4.2 NAME	
STREET ADDRESS	4408 FOREMAST CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUEHLMAN, EDWIN	5.2 NAME	
STREET ADDRESS	4396 BOWSPRIT CT., 2-C	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, ED	6.2 NAME	
STREET ADDRESS	4417 SPANKER COURT UNIT 3D	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000 33919	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)(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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 \_\_\_\_\_  
 \_\_\_\_\_

Date

Daytime Phone #

4-16-99

0060817

CR2E037 (1/198)