

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90080 010 \*\*\*\*61.25

**DOCUMENT # 727867**

1. Entity Name  
**WINDJAMMER VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>9411 CYPRESS LAKE DR          #2          FT. MYERS FL 33919          US</b>	Mailing Address <b>9411 CYPRESS LAKE DR          #2          FT. MYERS FL 33919-4909          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1526141</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country				

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
P	BERG, SHIRLEY 4417 SPANKER CT., UNIT 3-D FT MYERS, FL 00000 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fran Foster 4414 Spanker Court #4A Fort Myers, Florida 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VPD	LEE, HOWARD 4427 EAST MAINMAST COURT FT MEYERS FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Pete Odell 4416 Windjammer Lane Fort Myers, Florida 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SD	HALLETT, BEE 4306 JIBBOOM CT 4C FT MEYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	CARLSON, CHARLES 4408 FOREMAST CT FT. MYERS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	KUEHLMAN, EDWIN 4396 BOWSPRIT CT., 2-C FT. MYERS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	BERG, ED 4417 SPANKER COURT UNIT 3D FT MYERS, FL 00000 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Mincks 4391 Foremast Court #1B Fort Myers, Florida 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edwin Kuehlman DATE: 4/10/00 DAYTIME PHONE #: 941-481-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)