

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90075 007 ****61.25

DOCUMENT # 727867

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1526141

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOOL; WILLIAM W.
 9411 CYPRESS LAKE DR
 STE 2
 FT MYERS FL 33919

Name
Leslie Johnson

Street Address (P.O. Box Number is Not Acceptable)

C/O School Management, Inc.
9411 Cypress Lake Drive, Suite 2

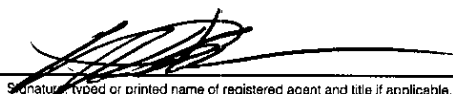
City
Fort Myers

FL

Zip Code
33919

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



Leslie Johnson

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE



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

TITLE PD Delete
 NAME FOSTER, FRAN
 STREET ADDRESS 4414 SPANKER COURT #4A
 CITY-ST-ZIP FORT MYERS FL 33919

TITLE D Change Addition
 NAME Ion, Charles
 STREET ADDRESS 4397 East Mainmast Court
 CITY-ST-ZIP Fort Myers, FL 33919

TITLE VD Delete
 NAME ODELL, PETE
 STREET ADDRESS 4416 WINDJAMMER LANE
 CITY-ST-ZIP FORT MYERS FL 33919

TITLE T/D Change Addition
 NAME Kuehnl, Josphe
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME HALLETT, BEE
 STREET ADDRESS 4306 JIBBOOM CT 4C
 CITY-ST-ZIP FT MEYERS FL 33919

TITLE D Change Addition
 NAME Hallett, Bee
 STREET ADDRESS 4396 Jibboom Court 4c
 CITY-ST-ZIP Fort Myers, FL 33919

TITLE TD Delete
 NAME CARLSON, CHARLES
 STREET ADDRESS 4408 FOREMAST CT
 CITY-ST-ZIP FT. MYERS FL

TITLE D Change Addition
 NAME McClimans, Donald
 STREET ADDRESS 4423 East Mainmast Court
 CITY-ST-ZIP Fort Myers, FL 33919

TITLE D Delete
 NAME KUEHLMAN, EDWIN
 STREET ADDRESS 4396 BOWSPRIT CT., 2-C
 CITY-ST-ZIP FT. MYERS FL

TITLE D Change Addition
 NAME Carlile, Buril
 STREET ADDRESS 4379 Jibboom Court 2D
 CITY-ST-ZIP Fort Myers, FL 33919

TITLE D Delete
 NAME MINCKS, JIM
 STREET ADDRESS 4391 FOREMAST COURT #1B
 CITY-ST-ZIP FORT MYERS FL 33919

TITLE S/D Change Addition
 NAME Mincks, Jim
 STREET ADDRESS 4391 Foremast Court 1B
 CITY-ST-ZIP Fort Myers, FL 33919

12. 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:


Fran Foster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)