


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

06-26-2006 90003 011 \*\*\*\*61.25

<b>DOCUMENT # 727867</b>			
1. Entity Name WINDJAMMER VILLAGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4489 WINDJAMMER LN FT. MYERS, FL 33919 US		Mailing Address 4489 WINDJAMMER LN #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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRAID, EDWARD 4489 WINDJAMMER LN FORT MYERS, FL 33919		Name <u>BRAID ASSOCIATION MANAGEMENT</u> Street Address (P.O. Box Number is Not Acceptable) <u>4489 WINDJAMMER LANE</u> City <u>FT. MYERS</u> FL Zip Code <u>33919</u>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Edward Braid, CAM.</u> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FROEBE, SMIRLEY 4470 W MAINMAST CT. CAPE CORAL, FL 33915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Froebe, Shirley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCOTT, JUDIE 4396 BOWSPRIT CT., 4A FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRES. JUDIE SCOTT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D, P.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUNDGREN, CAROLE 4406 FOREMAST CT FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lundgren, Carole <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D, Treas.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREENE, JILL 4417 SPANKER CT., 4A FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WYLLY WILLINGHAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V.P., D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NILL, RON 4379 TIB BODM CT- 2A FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition STEV.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REZISE, PAM 427 CROSSACK CT- 3L NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREZISE, Pam <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 427 CROSSACK CT. - 3L FT. MYERS FL 33919 D
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Judith Scott</u>		Date <u>6/21/06</u> 239-415-2078	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	