2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 02-26-2007 90047 012 ****61.25 **DOCUMENT #727867** WINDJAMMER VILLAGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 40023315 4489 WINDJAMMER LN 4489 WINDJAMMER LN FT. MYERS, FL 33919 FT. MYERS. FL 33919 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc 01082007 CR2E037 (12/06) City & State City & State 4. FEI Number 59-1526141 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BRAID ASSOCIATION MANAGEMENT** Street Address (P.O. Box Number is Not Acceptable) 4489 WINDJAMMER LN FORT MYERS, FL 33919 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. D 50 ☐ Delete TITLE Change **Addition** DAVID RUSSER 4414 SPANNER CT. -30 FROEBE, SHIRLEY NAME NAME STREET ADDRESS 4470 W MAINMAST CT. STREET ADDRESS Fr. MYERS, EL 33919 CITY-ST-ZIP CAPE CORAL, FL 33915 CITY-ST-ZIP PD VPO TITLE ☐ Delete TIFLE Change ☐ Addition SCOTT, JUDIE NAME 4396 BOWSPRIT CT. 4A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33919 CITY-ST-ZIP TITLE DT Delete TITLE BEE NALLETT ☐ Change Addition USECTIBBUOM CT-YC LUNDGREN, CAROLE NAME NAME STREET ADDRESS 4406 FOREMAST CT STREET ADDRESS Fr. MYERS, 126 33919 CITY-ST-ZIP FORT MYERS, FL 33919 CITY-ST-ZIP PD Delete TITLE TITLE Change ☐ Addition WILLINGHAM, WYLLY NAME NAME STREET ADDRESS 4417 SPANKER CT., 4A STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33919 CITY-ST-ZIP Delete TITLE D TITLE BILL ARMSTRONG ☐ Change Addition 4396 BOWSPRIT CT. 2B TREZISE, STEVE NAME NAME

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

4427 CROSSJACK CT B6

FORT MYERS, FL 33919

☐ Delete

Daytime Phone

☐ Change

☐ Addition

FILED Feb 26, 2007 8:00 am

CAROLE undgren