



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90022 020 ****61.25

DOCUMENT # 727867					
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		<p>40019807</p>  <p>01252008 Chg-NP CR2E037 (12/06)</p>	
2. Principal Place of Business - No P.O. Box #		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
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
BRAID ASSOCIATION MANAGEMENT 4489 WINDJAMMER LN FORT MYERS, FL 33919				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FROEBE, SHIRLEY		NAME	SUSAN MANOS	
STREET ADDRESS	4470 W MAINMAST CT.		STREET ADDRESS	4991 - 2A FOREMAST CT.	
CITY-ST-ZIP	CAPE CORAL, FL 33915		CITY-ST-ZIP	FT MYERS FL 33909	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, JUDIE		NAME	PAM TREZISE	
STREET ADDRESS	4396 BOWSPRIT CT., 4A		STREET ADDRESS	4427 - BL CROSSJACK CT	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUNDGREN, CAROLE		NAME	DAVID MAASTROM	
STREET ADDRESS	4406 FOREMAST CT		STREET ADDRESS	4427 - BL CROSSJACK CT	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	PT. MYERS FL 33919	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLINGHAM, WYLLY		NAME		
STREET ADDRESS	4417 SPANKER CT., 4A		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, BILL		NAME		
STREET ADDRESS	4396 BOWSPRIT CT. 2B		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, DAVID		NAME		
STREET ADDRESS	4414 SPENCER CT. 3D		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
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: <i>Wyllly Willingham</i>		Date: <i>2/5/08</i>		Daytime Phone #: <i>239-489-2209</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	