

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727867

FILED
Mar 30, 2010
Secretary of State

Entity Name: WINDJAMMER VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4489 WINDJAMMER LN
FT. MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

4489 WINDJAMMER LN
#2
FT. MYERS, FL 33919 US

New Mailing Address:

FEI Number: 59-1526141 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BRAID ASSOCIATION MANAGEMENT
4489 WINDJAMMER LN
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: MANOS, SUSAN
Address: 4391-2A FOREMAST CT
City-St-Zip: FORT MYERS, FL 33919

Title: VPD
Name: SCOTT, JUDIE
Address: 4396 BOWSPRIT CT., 4A
City-St-Zip: FORT MYERS, FL 33919

Title: DT
Name: LUNDGREN, CAROLE
Address: 4406 FOREMAST CT
City-St-Zip: FORT MYERS, FL 33919

Title: PD
Name: WILLINGHAM, WYLLY
Address: 4396 WINDJAMMER LANE
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: TREZISE, PAMELA
Address: 4427 CROSSJACK CT., B6
City-St-Zip: FORT MYERS, FL 33919

Title: SD
Name: RUSSELL, DAVID
Address: 4414 SPANKER CT. 3D
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WYLLY WILLINGHAM

PRES

03/30/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date