

727867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

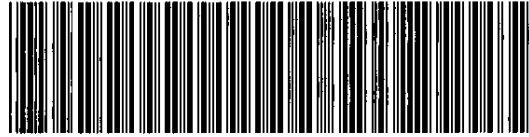
(Business Entity Name)

(Document Number)

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11 JUL 25 AM 11:06  
STATE OF MARYLAND  
DEPARTMENT OF STATE

*R.A. Chey.*  
C.COULLETTE

JUL 27 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WINDJAMMER VILLAGES CONDOMINIUM ASSN.  
Name of Corporation

**DOCUMENT NUMBER:** 727867

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWARD S. BRAID  
Name of Contact Person

ASSOCIATION  
BRAID MANAGEMENT  
Firm/Company

9100 GREENLEAF CT  
Address

FT. MYERS FL 33919  
City/State and Zip Code

BRAID@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD S. BRAID at (239) 489-2209  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: WINDJAMMER VILLAGE CONDOMINIUM ASSOCIATION, INC.
- 2. The principal office address: 4489 WINDJAMMER LANE  
FT. MYERS, FL 33919
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/25/1976 Document number: 727 867

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BRAID ASSOCIATION MANAGEMENT  
4489 WINDJAMMER LANE  
FT. MYERS, FL 33919

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BRAID ASSOCIATION Management  
9100 CLOVERLEAF CT.  
P.O. Box NOT acceptable  
FT. MYERS, FL 33919

11 JUL 25 AM 11:00  
RECEIVED  
DIVISION OF CORPORATIONS

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Patrick D. Shields, Director  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Edward Braid  
Signature of Registered Agent

July 8, 2011  
Date

If signing on behalf of an entity:

EDWARD S. BRAID  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314