


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90235 027 ****61.25

DOCUMENT # **727867**

1. Entity Name
WINDJAMMER VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

~~9411 CYPRESS LAKE DR~~ ~~9411 CYPRESS LAKE DR~~
~~#2~~ ~~#2~~
~~FT MYERS FL 33919~~ ~~FT MYERS FL 33919~~
~~60~~ ~~US~~

2. Principal Place of Business 3. Mailing Address

4489 Windjammer Ln **4489 Windjammer Ln**
Suite, Apt. #, etc. Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number Applied For

Ft Myers FL **Ft. Myers FL** **59-1526141** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

33919 **LEE** **33919** **LEE** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

JOHNSON, LESLIE
C/O SCHOO MANAGEMENT
9411 CYPRESS LAKE DRIVE - SUITE 2
FORT MYERS FL 33919

Name **Edward Braud, Braud Assu mgmt.**
Street Address (P.O. Box Number is Not Acceptable)
4489 Windjammer Ln
City **Ft. Myers** FL Zip Code **33919**

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 *Edward Braud* DATE **1/23/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$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	PD	TITLE	PD
NAME	FOSTER, FRAN	NAME	Shirley Froebe
STREET ADDRESS	4414 SPANKER COURT #4A	STREET ADDRESS	4470 W. Mainmast Ct
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	Ft Myers FL 33919
TITLE	D	TITLE	SD
NAME	ION, CHARLES	NAME	Marcia FOSTER
STREET ADDRESS	4397 EAST MAINMAST COURT	STREET ADDRESS	4414 SPANKER CT 4-A
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	Ft Myers FL 33919
TITLE	D	TITLE	
NAME	HALLETT, BEE	NAME	
STREET ADDRESS	4396 JIBBOOM COURT 4C	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MCCLIMANS, DONALD	NAME	
STREET ADDRESS	4423 EAST MAINMAST COURT	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	KUEHLMAN, EDWIN	NAME	
STREET ADDRESS	4396 BOWSPRIT CT., 2-C	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	MINCKS, JIM	NAME	
STREET ADDRESS	4391 FOREMAST COURT #1B	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 exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED**

CR2E037 (10/02)