

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

2-1395 B-1128-C

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanna B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N17481 (5)

95 FEB 13 PM 1:25

1. Corporation Name
WINDJAMMER CONDOMINIUM OWNER'S ASSOCIATION INC.

Principal Place of Business Mailing Address
HERMAN GRIFFIN
7780 AIA SOUTH
ST. AUGUSTINE FL 32086
THE WINTERFIELD GROUP INC
1916 ATLANTIC BLVD
JACKSONVILLE FL 32207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/24/1986
3a. Date of Last Report 05/01/1994
4. FEI Number 59-2949379
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE WINTERFIELD GROUP
1916 ATLANTIC BLVD
JACKSONVILLE FL 32207

81 Name JACOBS, JACOBS & ASSOC., INC.
82 Street Address (P.O. Box Number is Not Acceptable) 4075 AIA S., SUITE 100A
83
84 City ST. AUGUSTINE FL 85 Zip Code 32084

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE PHILIP H. JACOBS, PRES.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when transferring)

2/3/95 DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME BEAVERS, KENNETH F
STREET ADDRESS 11503 SEDGEMORE DRIVE E
CITY-ST-ZIP JACKSONVILLE FL
TITLE VP
NAME RUSH, DR. JOHN A
STREET ADDRESS 6000 SAN JOSE BLVD 1A
CITY-ST-ZIP JACKSONVILLE FL
TITLE T
NAME HOWELL, JOHN
STREET ADDRESS 6317 WOOD VALLEY RD
CITY-ST-ZIP JACKSONVILLE FL
TITLE S
NAME INGOLDSBY, JAMES
STREET ADDRESS 5487 RIVER TRAIL RD N
CITY-ST-ZIP JACKSONVILLE FL
TITLE D
NAME HATLEY, JAMES R
STREET ADDRESS 9844 WOODMOUNT PL
CITY-ST-ZIP WINDMERE FL
TITLE D
NAME KEYTON, JIMMEY
STREET ADDRESS PO BOX 90
CITY-ST-ZIP THOMASVILLE GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE VALERIE COSTANTINO HONOUR Change Addition
2.2 NAME 7780 AIA S. #111 VPD
2.3 STREET ADDRESS ST. AUGUSTINE, FL 32086
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE SD Change Addition
4.2 NAME SUE M. FOLEY
4.3 STREET ADDRESS 8406 WINSTON WAY
4.4 CITY-ST-ZIP JENESBORO, GA 30236
5.1 TITLE Change Addition
5.2 NAME JAMES H. DRANSFORD
5.3 STREET ADDRESS 1982 MUNCIE AVE.
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32216
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (changed, or not an attachment with an address).

SIGNATURE: X Kenneth F. Beavers 2/6/95 (904) 461-5556

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)