


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90082 017 ****61.25

DOCUMENT # N17481					
1. Entity Name WINDJAMMER CONDOMINIUM OWNER'S ASSOCIATION INC.					
Principal Place of Business 7780 A1A SOUTH ST. AUGUSTINE, FL 32080		Mailing Address 3942 A1A SOUTH ST. AUGUSTINE, FL 32080			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2949379	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALLIGOOD, JUDY S 3942 A1A SOUTH ST. AUGUSTINE, FL 32080			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROTMAN, ROY		NAME	Keslie Hendeles	
STREET ADDRESS	1405 HIGH STREET		STREET ADDRESS	3549 NW 30th Blvd	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, MARGARET		NAME	Margaret Barnes	
STREET ADDRESS	10421 BISCAYNE BLVD		STREET ADDRESS	7780 A1A South Unit 310	
CITY-ST-ZIP	JACKSONVILLE, FL 32219		CITY-ST-ZIP	St Augustine, FL 32080	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANSFORD, VELORA		NAME	Velora Bransford	
STREET ADDRESS	1982 MUNCIE AVENUE		STREET ADDRESS	1982 Muncie Avenue	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEISSING, GORDON		NAME		
STREET ADDRESS	4203 TAHNEE COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEESE, LIBBY		NAME		
STREET ADDRESS	1093 A1A BEAD BLVD, PMB 374		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPP, JUDY		NAME	Judy Sapp	
STREET ADDRESS	2038 CLAIRMONT TERRACE		STREET ADDRESS	5737 Masters Blvd	
CITY-ST-ZIP	ATLANTA, GA 30345		CITY-ST-ZIP	Orlando, FL 32819	
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: <u>Judy Sapp</u> Registered Agent / <u>Margaret Barnes</u> (904) 471-6606 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



01132006 Chg-NP CR2E037 (11/05)