

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17481

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: WINDJAMMER CONDOMINIUM OWNER'S ASSOCIATION INC.

**Current Principal Place of Business:**

7780 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

3942 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 59-2949379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLIGOOD, JUDY S  
3942 A1A SOUTH  
ST. AUGUSTINE, FL 32080      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 ( ) Delete  
Name: TROTMAN, ROY  
Address: 1405 HIGH STREET  
City-St-Zip: PALATKA, FL 32177

Title: S ( ) Delete  
Name: BARNES, MARGARET  
Address: 7780 A1A SOUTH UNIT 310  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP ( ) Delete  
Name: HENDELES, LESLIE  
Address: 3549 NW 30TH BLVD.  
City-St-Zip: GAINESVILLE, FL 32605

Title: P ( ) Delete  
Name: SCHLEISSING, GORDON  
Address: 7780 A1A SOUTH, #308  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: BEESE, LIBBY  
Address: 1093 A1A BEAD BLVD, PMB 374  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T ( ) Delete  
Name: SAPP, JUDY  
Address: 5737 MASTERS BLVD  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S/T (X) Change ( ) Addition  
Name: BARNES, MARGARET  
Address: 7780 A1A SOUTH UNIT 310  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DABBS, JEWELL  
Address: POB 1670  
City-St-Zip: STATESBORO, GA 30459

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NORMA EASTES

AGT

01/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date