2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # **N37186** WINDJAMMER VILLAGE OF NAPLES, INC. 04-17-2001 90181 011 ****61.25 Principal Place of Business Mailing Address 220 OCEAN BLVD 220 OCEAN BLVD NAPLES FL 33942 NAPLES FL 33942 00038690 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0189175 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **ROGER E CRAIG & ASSOCIATION** 1250 TAMIAMI TR N STE 201 City Zip Code NAPLES FL 34103 FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PΩ DRECTOR Change Addition TITLE ☐ Delete TITLE OKERBERG, RICHARD NAME NAME STREET ADDRESS 97 OCEANS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL PRESIDENT TITLE ☐ Delete TITLE ☐ Addition MELLETT, JUNE NAME NAME STREET ADDRESS **66 ATLANTIC WAY** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL DIRECTOR Delete TITLE ☐ Change Addition TITLE MADELINE POWERS NORMAN, MICHAOD NAME NAME 109 OCEANS BLVD STREET ADDRESS STREET ADDRESS 66 ATLANTIC WAY NAPLES, FL 34104 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 SAME Change Addition TITLE ☐ Delete TITLE WILLAMS, THERESA NAME NAME STREET ADDRESS 184 OCEANS BLVD STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP VICE PRES HALRY JONES Delete TITLE ☐ Change Addition TITLE 18 OCEANS BLYD VIZARD, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 169 OCEAN BLVD NAPLES, FL 34104 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 SECRETARU Delete Change Change Addition TITLE TITLE JACK JAMESON STOREY, CLAIRE NAME NAME 91 PACIFIC WAY STREET ADDRESS STREET ADDRESS 107 OCEANS BLVD NAPLES, FL 34104 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 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 eath; 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayline Phone #