2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
02-25-2002 90020 011 ****61.25

JA

DOCUMENT # N37186

1. Entity Name

WINDJAMMER VILLAGE OF NAPLES, INC.

Principal Place of Business	Mailing Address
220 OCEAN BLVD NAPLES FL 33942 US	220 OCEAN BLVD NAPLES FL 33942 US

B0033390

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same As Above	Same As Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0189175 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROGER E CRAIG & ASSOCIATION 1250 TAMIAMI TR N STE 201 NAPLES FL 34103	Name: Samouce, Murrell & Francoeur Street Address (P.O. Box Number is Not Acceptable): 800 Laurel Oak Drive, Ste. 300 City: Naples, FL Zip Code: 34108

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 Robert E Murrell as Vice President Robert E Murrell 1/23/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OKERBERG, RICHARD 97 OCEANS BLVD NAPLES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Paula Langdon 38 Oceans Blvd. Naples, Fl. 34104 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MELLETT, JUNE 66 ATLANTIC WAY NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWERS, MADELINE 109 OCEANS BLVD NAPLES FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLAMS, THERESA 184 OCEANS BLVD NAPLES FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JONES, HARRY 178 OCEANS BLVD NAPLES FL 34104	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Norman Michaud 66 Atlantic Way Naples, Fl. 34104 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JAMESON, JACK 91 PACIFIC WAY NAPLES FL 34104	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jack Moravec 19 Oceans Blvd. Naples, Fl. 34104 ☐ Change ☒ Addition

CR2E037 (9/01)

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 1-25-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #