

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 09 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # N95000005910 (3)**

1. Corporation Name

**ABILITIES AT WINDJAMMER, INC.**



Principal Place of Business <b>2735 WHITNEY ROAD CLEARWATER FL 34620</b>	Mailing Address <b>2735 WHITNEY ROAD CLEARWATER FL 34620</b>
---------------------------------------------------------------------------------	---------------------------------------------------------------------

3. Date Incorporated or Qualified <b>12/15/1995</b>
--------------------------------------------------------

4. FEI Number <b>59-3352353</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	-----------------------------------------	--------------------------------------------

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip <b>33760</b> Country	28. Zip <b>33760</b> Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------------------------------------------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent	
<b>SANDONATO, WILLIAM JR. 2735 WHITNEY ROAD CLEARWATER FL 34620</b>	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	<b>ATTEBERRY, WILLIAM</b>
STREET ADDRESS	<b>2735 WHITNEY ROAD</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34620</b>
TITLE	NAME
D	<b>LEONARDO, KAREN P</b>
STREET ADDRESS	<b>2735 WHITNEY ROAD</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34620</b>
TITLE	NAME
STD	<b>SANDONATO, WILLIAM</b>
STREET ADDRESS	<b>2735 WHITNEY ROAD</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34620</b>
TITLE	NAME
D	<b>HUMBURG, JACK D</b>
STREET ADDRESS	<b>839 13TH AVE. N.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	NAME
TITLE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **2/18/98 (813) 538-7370**

CR2E037 (10/97)