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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01880** (6)

1. Corporation Name

**THE WINDSTAR CONDOMINIUM SECTION ONE ASSOCIATION
INC.**

Principal Place of Business

Mailing Address

% NEWELL PROPERTY MGMT.

~~4100 CORPORATE SQUARE #100~~
~~NAPLES FL 33942~~

% NEWELL PROPERTY MGMT.

~~4100 CORPORATE SQUARE #100~~
~~NAPLES FL 33942~~

3. Date Incorporated or Qualified
03/09/1984

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2451042

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business Suite, Apt. #, etc. 4148A Corporate Sq	2a. Mailing Address Suite, Apt. #, etc. 4148A Corporate Sq
22. City & State Naples FL	27. City & State Naples FL
23. Zip 34104	28. Zip 34104
24. Country USA	29. Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWELL, WILLIAM

~~4100 CORPORATE SQUARE #100~~
~~NAPLES FL 33942~~

81. Name Newell, William
82. Street Address (P.O. Box Number is Not Acceptable) 4148A Corporate Square
83. City & State Naples FL
84. Zip 34104

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, CHARLIE	
STREET ADDRESS	4606 YACHT HARBOR DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LAMOUREUX, MARILYN	
STREET ADDRESS	4460 YACHT HARBOR DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CAPPELLETTI, BETSY	
STREET ADDRESS	4400 YACHT HARBOR DR	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

I do 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.

CR2E037 (9/96)