# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 27, 2001 8:00 am**
**Secretary of State**
04-27-2001 90334 030 ****61.25

0005324

DOCUMENT # N01880

1. Entity Name

THE WINDSTAR CONDOMINIUM SECTION ONE ASSOCIATION

| Principal Place of Business | Mailing Address |
|---|---|
| C/O INTEGRATED PROPERTY MGMT.<br>3435 - 10TH STREET N.. #201<br>NAPLES FL 34103<br>US | C/O INTEGRATED PROPERTY MGMT.<br>3435 - 10TH STREET N.. #201<br>NAPLES FL 34103<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-2451042 ☐ 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 |
|---|---|
| FALK, STEVEN M<br>C/O ROETZLE & ANDRES<br>850 PARK SHORE DR. - 3RD FLOOR<br>NAPLES FL 34103 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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: 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 | PD<br>MARR, WALTER<br>4650 YACHT HARBOR DR<br>NAPLES FL 34112 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CAPPELETTI, ELIZABETH<br>4400 YACHT HARBOR DR<br>NAPLES FL 34112 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>WALSH, MICHAEL<br>4456 YACHT HARBOR DR<br>NAPLES FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/D<br>Walsh, Michael<br>4456 Yacht Harbor Dr.<br>Naples, FL | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BARNICLE, TERRENCE<br>4650 YACHT HARBOR DR<br>NAPLES FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ALLISON, ROBERT<br>4456 YACHT HARBOR DR<br>NAPLES FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Allison, Robert<br>4650 Yacht Harbor Dr.<br>Naples, FL | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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: Walter Marr WALTER MARR 3-15-01 941-775-8650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #