2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N01880

Entity Name: THE WINDSTAR CONDOMINIUM SECTION ONE ASSOCIATION, INC.

Current Principal Place of Business:

%PLATINUM PROPERTY MANAGEMENT LLC
1016 COLLIER CENTER WAY, STE. #102
NAPLES, FL 34110 US

New Principal Place of Business:

C/O AMERICAN PROPERTY MANAGEMENT SERV, LLC
4280 TAMIAMI TRAIL EAST #302
NAPLES, FL 34112 US

Current Mailing Address:

%PLATINUM PROPERTY MANAGEMENT LLC
1016 COLLIER CENTER WAY, STE. #102
NAPLES, FL 34110 US

New Mailing Address:

C/O AMERICAN PROPERTY MANAGEMENT SERV.,LLC
4280 TAMIAMI TRAIL EAST #302
NAPLES, FL 34112 US

FEI Number: 59-2451042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLATINUM PROPERTY MANAGEMENT LLC
1016 COLLIER CENTER WAY, STE. #102
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

AMERICAN PROPERTY MANAGEMENT SERV., LLC
4280 TAMIAMI TRAIL EAST
302
NAPLES, FL 34112 US

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: ORLANDO MISERANDINO 02/10/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: LOVE, ROBERT
Address: 4750 YACHT HARBOR DR., #711
City-St-Zip: NAPLES, FL 34112

Title: S ( ) Delete
Name: BASSINGANI, PETER
Address: 4800 YACT HARBOR DR.
City-St-Zip: NAPLES, FL 34112

Title: P ( ) Delete
Name: HUGHES, THOMAS
Address: 4610 YACHT HARBOR DRIVE
City-St-Zip: NAPLES, FL 34112

Title: T ( ) Delete
Name: THOMAS, ENGEL
Address: 4600 YACT HARBOR DR.
City-St-Zip: NAPLES, FL 34112

Title: T ( ) Delete
Name: KOENIG, STEPHEN
Address: 4454 YACT HARBOR DR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HUGHES P 02/10/2009
Electronic Signature of Signing Officer or Director Date