

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 727867

Entity Name: WINDJAMMER VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779

Current Mailing Address:

2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 US

FEI Number: 59-1526141

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SENTRY MANAGMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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: BRADLEY POMP

07/05/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name BLACKMON, RICHARD
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title VP, DIRECTOR
Name RUSSELL, DAVID
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title SECRETARY, DIRECTOR
Name THOMPSON, RON
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title TREASURER, DIRECTOR
Name HULTMAN, JAMES
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name SHIELDS, PATRICK
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name BROWN, JAMES
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name RUSH, WILLETTE
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name TREZISE, STEVE
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

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I hereby 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 all other like empowered.

SIGNATURE: RICHARD BLACKMON

PRESIDENT

07/05/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BASHER, JOHN
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779