DOCUMENT# N17481		
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2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## Entity Name: WINDJAMMER CONDOMINIUM OWNER'S ASSOCIATION INC.

### **Current Principal Place of Business:**

7780 A1A SOUTH ST. AUGUSTINE, FL 32080

### **Current Mailing Address:**

3942 A1A SOUTH ST. AUGUSTINE, FL 32080

# FEI Number: 59-2949379

## Name and Address of Current Registered Agent:

ALLIGOOD, JUDY SMS 3942 A1A SOUTH ST. AUGUSTINE, FL 32080 US Certificate of Status Desired: No

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:

Address

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Ollioon/Bi			
Title	DIRECTOR	Title	TREASURER
Name	NICHOLS, DENISE MS	Name	BARNES, MARGARET MS
Address	7780 A1S SOUTH, #106	Address	7780 A1A SOUTH, # 310
City-State-Zi	5: ST. AUGUSTINE FL 32080	City-State-Zip:	SAINT AUGUSTINE FL 32080
Title	PRESIDENT	Title	VP
Name	MARETT, RICHARD MR	Name	HENDELES, LESLIE MR
Address	2375 BLAKE BLVD. SE	Address	3549 NW 30TH BLVD.
City-State-Zi	D: CEDAR RAPIDS IA 52403	City-State-Zip:	GAINESVILLE FL 32605
Title	DIRECTOR	Title	DIRECTOR
Name	BEESE, LIBBY MS	Name	JONES, CHRIS MR
Address	11 CROSSLEAF COURT WEST	Address	411 LOYD ROAD
City-State-Zi	D: PALM COAST FL 32137	City-State-Zip:	PEACHTREE CITY GA 30269
<b></b>			
Title	SECRETARY		
Name	TINGLE, TERESA		

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: MARGARET BARNES

City-State-Zip: ATLANTA GA 30307

1934 DURAND MILL DRIVE

TREASURER

01/15/2018

Date

Electronic Signature of Signing Officer/Director Detail

Date