

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17481

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC1886791512**

**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**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALLIGOOD, JUDY SMS  
3942 A1A SOUTH  
ST. AUGUSTINE, FL 32080 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           ORTON, GRANT MR  
Address        90 LONG WOOD RD., NORTH  
City-State-Zip: HAMILTON, ONTARIO L8S3V6

Title           TREASURER  
Name           BARNES, MARGARET MS  
Address        7780 A1A SOUTH, # 310  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title           PRESIDENT  
Name           MARETT, RICHARD MR  
Address        2375 BLAKE BLVD. SE  
City-State-Zip: CEDAR RAPIDS IA 52403

Title           DIRECTOR  
Name           DEVYLDER, EDGAR MR  
Address        2 WEED CIRCLE  
City-State-Zip: STAMFORD CT 06902

Title           DIRECTOR  
Name           BEESE, LIBBY MS  
Address        11 CROSSLEAF COURT WEST  
City-State-Zip: PALM COAST FL 32137

Title           VP  
Name           JONES, CHRIS MR  
Address        411 LOYD ROAD  
City-State-Zip: PEACHTREE CITY GA 30269

Title           SECRETARY  
Name           TINGLE, TERESA  
Address        1934 DURAND MILL DRIVE  
City-State-Zip: ATLANTA GA 30307

*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**

**TREASURER**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date