

2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N17481

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

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

Title SECRETARY
Name MUELLER, ROBIN
Address 6318 N. LAKESHORE DR.
City-State-Zip: BYRNES MILL MO 63051

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

07/30/2014

Electronic Signature of Signing Officer/Director Detail

Date