

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 22 1998 8:00am
Secretary of State

DOCUMENT # 709902

(1)

1. Corporation Name

WINDJAMMERS OF CLEARWATER, INC.



Principal Place of Business

Mailing Address

1001 GULF BLVD.
P.O. BOX 3104
CLEARWATER FL 34630-8104

1001 GULF BLVD.
P.O. BOX 3104
CLEARWATER FL 34630-8104

3. Date incorporated or Qualified

11/10/1965

4. FEI Number

23-7346886

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

P.O. Box 3428

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

P.O. Box 3428

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'BRIEN, EDWARD T JR.
3376 FERNCLIFF LANE
CLEARWATER FL 34621

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☒ DELETE

NAME EPSTEIN, HANK
STREET ADDRESS 1468 BYRAM DR
CITY-ST-ZIP CLEARWATER FL 34615

TITLE D ☒ DELETE

NAME O'BRIEN, EDWARD J JR
STREET ADDRESS 3376 FERNCLIFF LN
CITY-ST-ZIP CLEARWATER FL 34615

TITLE D ☐ DELETE

NAME ALLENSWORTH, ALDER
STREET ADDRESS 200 180TH E
CITY-ST-ZIP REDINGTON SHORES FL

TITLE ☐ DELETE

NAME Noel Robbins
STREET ADDRESS 12826 129th Terrace
CITY-ST-ZIP Largo, FL 33774

TITLE ☐ DELETE

NAME Jay Stagg
STREET ADDRESS 1400 Gulf Blvd. #305
CITY-ST-ZIP Clearwater, FL 33767-8763

TITLE ☐ DELETE

NAME Jacquie Albina
STREET ADDRESS 778 Merlins Ct.
CITY-ST-ZIP Tarpon Springs, FL 34689

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)