2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# 725174

Entity Name: WINDJAMMER ASSOCIATION INC

Current Principal Place of Business:

17 WINDJAMMER PT
MERRITT ISLAND, FL 32952

New Principal Place of Business:

12 WINDJAMMER PT
MERRITT ISLAND, FL 32952

Current Mailing Address:

14 WINDJAMMER PT
MERRITT ISLAND, FL 32952

New Mailing Address:

12 WINDJAMMER PT
MERRITT ISLAND, FL 32952

FEI Number: 59-1511535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOODS, DOREAN
14 WINDJAMMER PT
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

FISHER, BOBBIE
12 WINDJAMMER PT
MERRITT ISLAND, FL 32952 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: BOBBIE FISHER 02/04/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WOODS, MELVIN D
Address: 14 WINDJAMMER PT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD ( ) Delete
Name: WOODS, DOREAN
Address: 14 WINDJAMMER POINT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD ( ) Delete
Name: GLENDA, FISHER
Address: 12 WINDJAMMER PL
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FISHER, BOBBIE D
Address: 12 WINDJAMMER PT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD (X) Change ( ) Addition
Name: FISHER, GLENDA E
Address: 12 WINDJAMMER PT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD (X) Change ( ) Addition
Name: GLENDA, FISHER E
Address: 12 WINDJAMMER PL
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BOBBIE D. FISHER PD 02/04/2008
Electronic Signature of Signing Officer or Director Date