
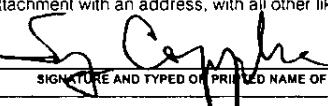


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90025 044 ****61.25

DOCUMENT # 747614 1. Entity Name WINDJAMMER TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1710 S. ATLANTIC STREET MELBOURNE BCH, FL 32951				Mailing Address C/O SPACE COAST PROPERTY MGMT. 645 CLASSIC CT SUITE 304 MELBOURNE, FL 32940 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC CT SUITE 304 MELBOURNE, FL 32940				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEPS, CHARLES		NAME	Leps, Charles	
STREET ADDRESS	1704 ATLANTIC ST #2F		STREET ADDRESS	1704 Atlantic St. #2F	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COPPOLA, LYNN		NAME		
STREET ADDRESS	1712 ATLANTIC ST #6E		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOKES, TOM		NAME		
STREET ADDRESS	1708 ATLANTIC ST #4E		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, BILL		NAME	Thomas, Bill	
STREET ADDRESS	1712 ATLANTIC ST #6B		STREET ADDRESS	1712 Atlantic St. #6B	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, BRITT		NAME	FRACEP, Kim	
STREET ADDRESS	1704 S ATLANTIC ST 2A		STREET ADDRESS	1704 Atlantic St. #3E	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	Melbourne Beach FL 32951	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3-27-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		