

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749788

1. Entity Name

WINDJAMMER CONDOMINIUM ASSOCIATION OF PENSACOLA

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90039 050 ****61.25

Principal Place of Business

Mailing Address

14 1/2 VIA DELUNA
PENSACOLA BEACH FL 32561

P.O. BOX 1436
GULF BREEZE FL 32562-1436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-1040952
60-3355549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIEGER, ROGER
2889 WHISPER LAKE DR
GULF BREEZE FL 32561

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HARBOUR, MARIA
STREET ADDRESS 3115 BRITTANY ROAD
CITY-ST-ZIP PENSACOLA FL 32504

TITLE **V/T/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME POWELL, GARY
STREET ADDRESS 14 1/2 VIA DELUNA
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Delete
NAME FAIRLEIGH, VICKI
STREET ADDRESS 96 CHANTECLAIRE CIRCLE
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE **D** ☐ Change ☒ Addition
NAME **MICHAEL GRABEL**
STREET ADDRESS **7366 KINGSBURY**
CITY-ST-ZIP **ST LOUIS MO 63130**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 employees.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)