

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 749788

1. Entity Name
WINDJAMMER CONDOMINIUM ASSOCIATION OF
PENSACOLA BEACH, INC.



Principal Place of Business
14 1/2 VIA DELUNA
PENSACOLA BEACH, FL 32561

Mailing Address
P.O. BOX 1436
GULF BREEZE, FL 32562

DO NOT WRITE IN THIS SPACE



03232004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3355549
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIEGNER, ROGER
2889 WHISPER LAKE DR
GULF BREEZE, FL 32561

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution: ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	HARBOUR, MARIA
STREET ADDRESS	3115 BRITTANY ROAD
CITY - ST - ZIP	PENSACOLA, FL 32504
TITLE	PD
NAME	POWELL, GARY
STREET ADDRESS	14 1/2 VIA DELUNA
CITY - ST - ZIP	PENSACOLA BEACH, FL 32561
TITLE	D
NAME	CULLERTON, CLAIRE
STREET ADDRESS	706 VIA DE LUNA
CITY - ST - ZIP	PENSACOLA BEACH, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

800031805878
04/05/04--01011--004 **61.25

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: Jack Wolk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04 850-934-3609
Date Daytime Phone #