

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90178 025 ****61.25

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		
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 59-3355549	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WIEGNER, ROGER 2889 WHISPER LAKE DR GULF BREEZE, FL 32561				7. Name and Address of New Registered Agent Name <u>CLARE CULLERTON</u> Street Address (P.O. Box Number is Not Acceptable) <u>706 Via de Luna dr</u> City <u>Pensacola Bch.</u> FL Zip Code <u>32561</u>	
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 <u>Claire M. Cullerton</u>		DATE <u>MARCH 1, 2005</u>			
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	VTD HARBOUR, MARIA <input checked="" type="checkbox"/> Delete 3115 BRITTANY ROAD PENSACOLA, FL 32504		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, GARY <input type="checkbox"/> Delete 14 1/2 VIA DELUNA PENSACOLA BEACH, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, GARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14 1/2 VIA DE LUNA PENSACOLA Bch FL 32561	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLERTON, CLAIRE <input type="checkbox"/> Delete 706 VIA DE LUNA PENSACOLA BEACH, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS CULLERTON, CLAIRE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 706 VIA DE LUNA PENSACOLA Bch FL 32561	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. THIBODEAUX, ALTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 315 SEATILE ST. NEW ORLEANS LA 70124	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES GRABEL, MICHAEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1139 SAWGRASS GULF BREEZE, FL 32561	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MENTER, TAMMY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10666 GOODWOOD DR. BATON ROUGE, LA. 70815	
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: <u>Claire M. Cullerton</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>CLARE M. CULLERTON</u> TREASURER			
		Date <u>3-1-05</u> Daytime Phone # <u>850-934-1540</u>			