


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90179 041 \*\*\*\*61.25

<b>DOCUMENT # 749788</b> 1. Entity Name <b>WINDJAMMER CONDOMINIUM ASSOCIATION OF PENSACOLA BEACH, INC.</b>					
Principal Place of Business <b>14 1/2 VIA DELUNA PENSACOLA BEACH, FL 32561</b>			Mailing Address <b>P.O. BOX 1436 GULF BREEZE, FL 32562</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3355549</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CULLERTON, CLAIRE 706 VIA DE LUNA DRIVE GULF BREEZE, FL 32561</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Claire M. Cullerton, Treasurer</i></u> DATE <u><i>April 2, 2007</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>THIBODEAUX, ALTON</b> <b>315 SEATTLE STREET</b> <b>NEW ORLEANS, LA 70124</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES.</b> <b>WALLENT, MIRHAEL</b> <b>416 FAIRWAY</b> <b>LAPLACE, LA 70068</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POWELL, GARY</b> <b>14 1/2 VIA DELUNA</b> <b>PENSACOLA BEACH, FL 32561</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>HARBOUR, ROBERT</b> <b>3115 BRITTANY RD.</b> <b>PENSACOLA, FL 32504</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CULLERTON, CLAIRE</b> <b>706 VIA DE LUNA</b> <b>PENSACOLA BEACH, FL 32561</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREAS.</b> <b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GRABEZ, MICHAEL</b> <b>1139 SAWGRASS</b> <b>GULF BREEZE, FL 32561</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>HARBOUR, MARIA</b> <b>3115 BRITTANY RD.</b> <b>PENSACOLA, FL 32504</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GRABEL, JUDITH</b> <b>1139 SAWGRASS</b> <b>GULF BREEZE, FL 32563</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC.</b> <b>CASHIN, JOE</b> <b>P.O. Box 939</b> <b>DULUTH, GA. 30096</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Claire M. Cullerton</i></u> <b>CLAIRE M. CULLERTON</b> <b>850-934-8439</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;">Date <u><i>April 2, 2007</i></u> Daytime Phone #</span>					

40050084



03162007 Chg-NP CR2E037 (12/06)