FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01880** **(6)**

1. Corporation Name

THE WINDSTAR CONDOMINIUM SECTION ONE ASSOCIATION , INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% NEWELL PROPERTY MGMT. 4100 CORPORATE SQUARE #166 NAPLES FL 33942	% NEWELL PROPERTY MGMT. 4100 CORPORATE SQUARE #166 NAPLES FL 33942

3. Date Incorporated or Qualified: 03/09/1984
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2451042 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

NEWELL, WILLIAM
4100 CORPORATE SQUARE #166
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	1.1 TITLE	☐ Change ☐ Addition
NAME	~~WICKSTRAND, R.R.~~	1.2 NAME	
STREET ADDRESS	~~4600 HALDEMAN CREEK DR~~	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~NAPLES FL~~	1.4 CITY-ST-ZIP	
TITLE	~~PD~~	2.1 TITLE	PD ☐ Change ☐ Addition
NAME	~~MOSLING, RALPH~~	2.2 NAME	Thompson, Charlie
STREET ADDRESS	~~4610 YACHT HARBOR DR~~	2.3 STREET ADDRESS	4600 Yacht Harbor Dr
CITY-ST-ZIP	~~NAPLES FL~~	2.4 CITY-ST-ZIP	Naples FL 33962
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LAMOUREUX, MARILYN	3.2 NAME	
STREET ADDRESS	4460 YACHT HARBOR DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	CAPPELLETTI, BETSY	4.2 NAME	
STREET ADDRESS	4400 YACHT HARBOR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	~~M~~	5.1 TITLE	☐ Change ☐ Addition
NAME	~~NEWELL, WILLIAM~~	5.2 NAME	
STREET ADDRESS	~~4100 CORPORATE SQUARE~~	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~NAPLES FL 33942~~	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charlie W. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHARLIE W. THOMPSON

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