

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90002 030 ****61.25

DOCUMENT NO 1880

1. Corporation Name THE WINDSTAR CONDOMINIUM SECTION ONE
N 01880 ASSOCIATION, INC.

547762 - 90002 - 30

Principal Place of Business Mailing Address

c/o Newell Property Management
4148A Corporate Square
Naples, FL 34104

2. Principal Place of Business c/o Integrated Property Mgmt.	2a. Mailing Address c/o Integrated Property Mgmt.	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc. 3435 - 10th Street N., #201.	26 Suite, Apt. #, etc. 3435 - 10th Street N., #201	4. FEI Number
22 City & State Naples, FL	27 City & State Naples, FL	Applied For Not Applicable
23 Zip 34103 Country	28 Zip 34103 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

Gracey, Robert T.
187 Forest Lakes Boulevard
Naples, FL 34105

81 Name Steven M. Falk
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Roetzel & Andres
83 850 Park Shore Dr. - 3rd Floor
84 City Naples FL 34103

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, 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	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerhardt, Elizabeth	1.2 NAME	
STREET ADDRESS	4402 Yacht Harbor Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34112	1.4 CITY-ST-ZIP	
TITLE	V/D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cappeletti, Elizabeth	2.2 NAME	T/D/V
STREET ADDRESS	4400 Yacht Harbor Drive	2.3 STREET ADDRESS	Cappeletti, Elizabeth
CITY-ST-ZIP	Naples, FL 34112	2.4 CITY-ST-ZIP	4400 Yacht Harbor Dr.
TITLE	S/D/T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walsh, Michael	3.2 NAME	S/D
STREET ADDRESS	4456 Yacht Harbor Drive	3.3 STREET ADDRESS	Walsh, Michael
CITY-ST-ZIP	Naples, FL 34112	3.4 CITY-ST-ZIP	4456 Yacht Harbor Dr.
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (1/98)