

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01880

1. Entity Name

THE WINDSTAR CONDOMINIUM SECTION ONE ASSOCIATION

Principal Place of Business

Mailing Address

C/O INTEGRATED PROPERTY MGMT.
3435 - 10TH STREET N., #201
NAPLES FL 34103
US

C/O INTEGRATED PROPERTY MGMT.
3435 - 10TH STREET N., #201
NAPLES FL 34103-3815
US

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

59-2451042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALK, STEVEN M
C/O ROETZLE & ANDRES
850 PARK SHORE DR. - 3RD FLOOR
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GERHARDT, ELIZABETH	
STREET ADDRESS	4402 YACHT HARBOR DR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	TDV	<input type="checkbox"/> Delete
NAME	CAPPELETTI, ELIZABETH	
STREET ADDRESS	4400 YACHT HARBOR DR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALSH, MICHAEL	
STREET ADDRESS	4456 YACHT HARBOR DR	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marr, Walter	
STREET ADDRESS	4650 Yacht Harbor Dr.	
CITY-ST-ZIP	Naples, FL	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cappelletti, Elizabeth	
STREET ADDRESS	4400 Yacht Harbor Dr.	
CITY-ST-ZIP	Naples, FL	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walsh, Michael	
STREET ADDRESS	4456 Yacht Harbor Dr.	
CITY-ST-ZIP	Naples, FL	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barnicle, Terrence	
STREET ADDRESS	4650 Yacht Harbor Dr.	
CITY-ST-ZIP	Naples, FL	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allison, Robert	
STREET ADDRESS	4456 Yacht Harbor Dr.	
CITY-ST-ZIP	Naples, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Walter Marr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

941-775-8630

Daytime Phone #

CP2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90022 013 ****61.25