

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90436 046 ****61.25

DOCUMENT # N01880

1. Entity Name

**THE WINDSTAR CONDOMINIUM SECTION ONE
ASSOCIATION, INC.**



Principal Place of Business -

C/O 267 N. COLLIER BLVD.
SUITE 201
MARCO ISLAND FL 34145
US

Mailing Address

PO BOX 1283
MARCO ISLAND FL 34146
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

PATAS, DENISE
C/O ROETZLE & ANDRES
267 N. COLLIER BLVD. SUITE 201
MARCO ISLAND FL 34145

Name

Denise Patas

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

267 N. Collier Blvd

Suite 201

City

Marco Island

FL

Zip Code

34145

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Denise A. Patas 4-16-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	PD	<input checked="" type="checkbox"/> Delete
NAME	MARR, WALTER	
STREET ADDRESS	4650 YACHT HARBOR DR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, SUE	
STREET ADDRESS	4604 YACHT HARBOR DR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WALSH, MICHAEL	
STREET ADDRESS	4456 YACHT HARBOR DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARNICLE, TERRENCE	
STREET ADDRESS	4650 YACHT HARBOR DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GLEASON, TOM	
STREET ADDRESS	4650 YACHT HARBOR DR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shipman, Frances	
STREET ADDRESS	4650 Yacht Harbor Dr., #111	
CITY-ST-ZIP	Naples, FL 34112	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barnicle, Terrence	
STREET ADDRESS		
CITY-ST-ZIP		
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:

Frances Shipman Frances Shipman

Date

Daytime Phone #

4-16-04