


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90156 021 \*\*\*\*61.25

<b>DOCUMENT # N01880</b> 1. Entity Name <b>THE WINDSTAR CONDOMINIUM SECTION ONE ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O 267 N. COLLIER BLVD. SUITE 201 MARCO ISLAND FL 34145 US</b>			Mailing Address <b>PO BOX 1283 MARCO ISLAND FL 34146 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>59-2451042</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PATAS, DENISE C/O ROETZLE &amp; ANDRES 267 N. COLLIER BLVD. SUITE 201 MARCO ISLAND FL 34145</b>			7. Name and Address of New Registered Agent Name <u>Denise Patas</u> Street Address (P.O. Box Number is Not Acceptable) <b>Windward Cay Condominium</b> P. O. Box 1283 City <b>Marco Island, FL 34146-1283 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>Denise A. Patas</u> (NOTE: Registered Agent signature required when reinstating)      DATE					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<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>S</b> <b>SHIPMAN, FRANCES</b> <b>4456 YACHT HARBOR DR</b> <b>NAPLES FL 34112</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARNICLE, TERRENCE</b> <b>4650 YACHT HARBOR DR</b> <b>NAPLES FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GLEASON, TOM</b> <b>4650 YACHT HARBOR DR</b> <b>NAPLES FL 34112</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Fran Shipman</u> <u>Fran Shipman</u> <u>239-642-1110</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #		