2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01880

FILED Feb 10, 2009 Secretary of State

Entity Name: THE WINDSTAR CONDOMINIUM SECTION ONE ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:	
%PLATINUM PROPERTY MANAGEMENT LLC 1016 COLLIER CENTER WAY, STE. #102 NAPLES, FL 34110 US				C/O AMERICAN PROPERTY MANAGEMENT SERV, LLC 4280 TAMIAMI TRAIL EAST #302 NAPLES, FL 34112 US	
Current Mailing Address:				New Mailing Address:	
%PLATINUM PROPERTY MANAGEMENT LLC 1016 COLLIER CENTER WAY, STE. #102 NAPLES, FL 34110 US				C/O AMERICAN PROPERTY MANAGEMENT SERV.,LLC 4280 TAMIAMI TRAIL EAST #302 NAPLES, FL 34112 US	
FEI Number:	59-2451042	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()
Name and	Address of	f Current Registered Agent:		Name and Address o	f New Registered Agent:
PLATINUM PROPERTY MANAGEMENT LLC 1016 COLLIER CENTER WAY, STE. #102 NAPLES, FL 34110 US				AMERICAN PROPERTY MANAGEMENT SERV., LLC 4280 TAMIAMI TRAIL EAST 302 NAPLES, FL 34112 US	
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: ORLANDO MISERANDINO					02/10/2009
	Electr	onic Signature of Registered Age	ent		Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	LOVE, ROBE	HARBOR DR., #711		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	BASSINGAN	HARBOR DR.		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	HUGHES, TH	HARBOR DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	THOMAS, EN	HARBOR DR.		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T KOENIG, ST 4454 YACT I NAPLES, FL	HARBOR DR		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HUGHES P 02/10/2009