

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01881 (4)
1. Corporation Name
THE WINDSTAR MASTER ASSOCIATION, INC.

Principal Place of Business: **1700 WINDSTAR BLVD. NAPLES FL 33962-4200**
Mailing Address: **1700 WINDSTAR BLVD. NAPLES FL 33962-4200**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/09/1984** 3a. Date of Last Report: **04/26/1994**
4. FEI Number: **65-0071194** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**PRICE, R. SCOTT
4501 TAMAMI TRAIL NORTH
SUITE 400
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	HANSON, SUSAN
STREET ADDRESS	1700 WINDSTAR BLVD
CITY-ST-ZIP	NAPLES FL
TITLE	PD
NAME	WICKSTRAND, R.R.
STREET ADDRESS	1700 WINDSTAR BLVD
CITY-ST-ZIP	NAPLES FL
TITLE	TS
NAME	SHCULZ, EDWIN W
STREET ADDRESS	4090 HALDEMAN CREEK DRIVE
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	HASKINS, RALPH
STREET ADDRESS	1700 WINDSTAR BLVD
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VPD
3.3 STREET ADDRESS	SCHULTZ, EDWIN W.
3.4 CITY-ST-ZIP	4090 HALDEMAN CREEK DRIVE NAPLES, FL 33962
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S/T/D
4.3 STREET ADDRESS	DONNA MAGNELLI
4.4 CITY-ST-ZIP	1700 WINDSTAR BLVD. NAPLES, FL 33962
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 member or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or if an addition with an address.

SIGNATURE: R.R. Wickstrand **R.R. WICKSTRAND**
MONITOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/19/95 813-724-2300
LMS Daytime Florida