

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 16 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: 03/09/1984
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business: 21 4343 Yacht Harbor Drive
2a. Mailing Address: 26 4343 Yacht Harbor Drive

4. FBI Number: 65-0071194
Applied For: Not Applicable

Suite, Apt. #, etc. 22

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State 23 Naples, FL
City & State 27 Naples, FL

6. Election Campaign Financing: \$5.00 May Be Added to Fees

Zip 24 33962 Country 25
Zip 29 33962 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
PRICE, R. SCOTT
4501 TAMiami 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
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HANSON, SUSAN	
STREET ADDRESS	1700 WINDSTAR BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WICKSTRAND, R.R.	
STREET ADDRESS	1700 WINDSTAR BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, EDWIN W	
STREET ADDRESS	4090 HADEMAN CREEK DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MAGNELLI, DONNA	
STREET ADDRESS	1700 WINDSTAR BLVD.	
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		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STD
4.3 STREET ADDRESS	JEWITT, DAVID
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 119.07(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *R.R. Wickstrand* **Plus** 4/12/96 941-774-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **R. R. WICKSTRAND** Daytime Phone #

CR2E037 (12/95)