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04-21-1999 90079 041 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N01881

1. Corporation Name

THE WINDSTAR MASTER ASSOCIATION, INC.

Principal Place of Business

4343 YACHT HARBOR DRIVE
 NAPLES FL 34112
 US

Mailing Address

4343 YACHT HARBOR DRIVE
 NAPLES FL 34112
 US



2. Principal Place of Business

21 4029 LIGHTHOUSE LANE

Suite, Apt. #, etc.

City & State

23 NAPLES FL

Zip Country

24 3412 25 US

2a. Mailing Address

26 4029 LIGHTHOUSE LANE

Suite, Apt. #, etc.

City & State

28 NAPLES FL

Zip Country

29 3412 30 US

3. Date Incorporated or Qualified

03/09/1984

4. FEI Number

65-0071194

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HANSON, SUSAN	
STREET ADDRESS	41 S HIGH STREET	
CITY-ST-ZIP	COLUMBUS OH 43287	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRIMM, W THOMAS	
STREET ADDRESS	4343 YACHT HARBOR DRIVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MAGNELLI, DONNA	
STREET ADDRESS	4343 YACHT HARBOR DR	
CITY-ST-ZIP	NAPLES FL 34112	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4029 LIGHTHOUSE LANE
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4029 LIGHTHOUSE LANE
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 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, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 PRESIDENT

4.15.99

941-774-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CONFIDENTIAL