

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90079 007 ****61.25

DOCUMENT # N01881

1. Entity Name

THE WINDSTAR MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4029 LIGHTHOUSE LANE
 NAPLES FL 34112
 US**

**4029 LIGHTHOUSE LANE
 NAPLES FL 34112-6420
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0071194

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRICE, R. SCOTT
 4501 TAMiami TRAIL NORTH
 SUITE 400
 NAPLES FL 33940**

Name

Street Address (P.O. Box Number is Not Acceptable)

2640 GOLDEN GATE PKWY #115

City

NAPLES

FL

Zip Code

34105

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	4029 LIGHTHOUSE LANE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MAGNELLI, DONNA	
STREET ADDRESS	4029 LIGHTHOUSE LANE	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK P. BULGER	
STREET ADDRESS	4615 LIGHTHOUSE LN	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK FINK	
STREET ADDRESS	1713 YORK ISLAND DR.	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Donna Magelli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/00 941-774-2800

CR2E037 (9/99)