

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90069 036 ****61.25

DOCUMENT # N01881					
1. Entity Name THE WINDSTAR MASTER ASSOCIATION, INC.					
Principal Place of Business 1700 WINDSTAR BLVD NAPLES, FL 34112 US			Mailing Address 1700 WINDSTAR BLVD NAPLES, FL 34112 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NAPLES LAWDOCK, INC. 4501 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103				Name JOHN C. FINK, JR.	
				Street Address (P.O. Box Number is Not Acceptable) 1713 YORK ISLAND DRIVE	
				City NAPLES	
				State FL	
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. I am familiar with, and accept the obligations of registered agent.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE: <i>John C. Fink Jr.</i> JOHN C. FINK JR. PRESIDENT				DATE: 4/6/04	
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLLECITO, JOHN			NAME	ELAINE SIMA
STREET ADDRESS	3554 HALDEMAN CREEK DR., #115			STREET ADDRESS	4400 LIGHTHOUSE LANE
CITY-ST-ZIP	NAPLES, FL 34112			CITY-ST-ZIP	NAPLES, FL 34112
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	RIPPERGER, LOUIS			NAME	
STREET ADDRESS	2149 PAGET CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	
NAME	BERETTA, VICTOR			NAME	
STREET ADDRESS	3520 HALDEMAN CREEK DR., #102			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	HYLAND, WILLIAM			NAME	
STREET ADDRESS	4771 YACHT HARBOR DRIVE			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	
NAME	FINK, JACK			NAME	
STREET ADDRESS	1713 YORK ISLAND DR			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	HARKINS, JOSEPH			NAME	
STREET ADDRESS	2137 PAGET CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112			CITY-ST-ZIP	
12. 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: <i>John C. Fink Jr.</i> JOHN C. FINK JR. PRESIDENT				Date: 4/6/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 239 732-0616	



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