2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01881

FILED Apr 04, 2008 Secretary of State

Entity Name: THE WINDSTAR MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1700 WINDSTAR BLVD NAPLES, FL 34112

Current Mailing Address: New Mailing Address:

1700 WINDSTAR BLVD NAPLES, FL 34112

FEI Number: 65-0071194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHERMAN, MICHAEL 1724 YORK ISLAND DRIVE NAPLES, FL 34112

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD (X) Change () Addition () Delete SCOTT, NORMAN DR. MELVIN, THOMAS Name: Name:

4994 CHRISTINA COURT Address: 2101 PAGET CIRCLE Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: SEC () Delete Title: SEC (X) Change () Addition ROTHENBERG, LESLIE Name: MEARS, WILLIAM Name: Address: 3861 CLIPPER COVE Address: 3804 CLIPPER COVE

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: TREA () Delete Title: **TREA** (X) Change () Addition MELVIN, THOMAS MERRYMAN, BRAD Name: Name:

3580 WINDJAMMER CR. #1602 Address: 2101 PAGET CIRCLE Address:

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: () Delete Title: (X) Change () Addition

LAGRIPPE, JIM Name: Name: SMIGGEN, THOMAS 1450 GULFSTAR DRIVE SOUTH 3576 WINDJAMMER CR #1501 Address: Address:

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: () Delete Title: (X) Change () Addition SHERMAN, MICHAEL DANGELMAIER, RALPH Name: Name:

1724 YORK ISLAND DR 3554 HALDEMAN CREEK #121 Address: Address:

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

Title: () Delete Title: (X) Change () Addition ROTHENBERG, LESLIE VAUGHN, ALI Name: Name:

Address: 3812 CLIPPER COVE DRIVE Address: 3861 CLIPPER COVE DRIVE NAPLES, FL 34112 NAPLES, FL 34112 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA SIMPSON, PROPERTY MANAGER MGR 04/04/2008

Electronic Signature of Signing Officer or Director

Date