

N11000002801

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FILED
11 MAR 16 PM 1:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
3/18

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: WAYWARD WIND CONDOMINIUM ASSOCIATION INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: WAYWARD WIND CONDOMINIUM ASSOC. INC. C/O JANIS L FISHER
Name (Printed or typed)

1220 SE 40TH ST UNIT 5
Address

CAPE CORAL, FL 33904
City, State & Zip

239-549-0375
1220 SE 40TH ST UNIT 5 Phone number

JANIS@WOWMEOWS.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME WAYWARD WIND CONDOMINIUM ASSOCIATION INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1220 SE 40TH ST UNIT 5
CAPE CORAL FL 33904

Mailing address, if different is _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO COLLECT MONTHLY DUES TO PAY FOR THE OPPERATING EXPENSES OF THE CONDO.
THIS WOULD INCLUDE ELECTIC, WATER,WASTE MGT,POOL & MAINTENANCE.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
YEARLY AT ANNUAL MEETING

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JANIS L FISHER - PRESIDENT
Address: 1220 SE 40TH ST UNIT 5
CAPE CORAL, FL 33904

Name and Title: MARY OLIVERI - TREASURER
Address: 1220 SE 40TH ST UNIT 1
CAPE CORAL, FL 44904

Name and Title: JOHN SHILEY - VICE PRESIDENT
Address: 1220 SE 40TH ST UNIT 2
CAPE CORAL, FL 33904

Name and Title: _____
Address: _____

Name and Title: VIVIAN LOMBARDO - SECRETARY
Address: 1220 SE 40TH ST UNIT 4
CAPE CORAL, FL 33904

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

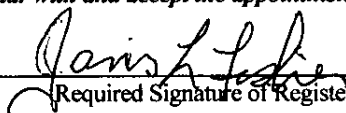
Name: JANIS L FISHER
Address: 1220 SE 40TH ST UNIT 5
CAPE CORAL, FL 33904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

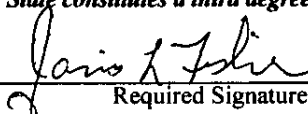
Name: JANIS L FISHER
Address: 1220 SE 40TH ST UNIT 5
CAPE CORAL, FL 33904

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

3-14-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

3-14-11
Date

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TALLAHASSEE FLORIDA

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