

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17481

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** WINDJAMMER CONDOMINIUM OWNER'S ASSOCIATION INC.

**Current Principal Place of Business:**

7780 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

3942 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 59-2949379

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLIGOOD, JUDY S MS  
3942 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** S  
**Name:** ORTON, GRANT MR  
**Address:** 90 LONG WOOD ROAD NORTH  
**City-St-Zip:** HAMILTON ONT CANADA, OT L8S3V6

**Title:** T  
**Name:** BARNES, MARGARET MS  
**Address:** 7780 A1A SOUTH UNIT 310  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080

**Title:** VP  
**Name:** HENDELES, LESLIE MR  
**Address:** 3549 NW 30TH BLVD.  
**City-St-Zip:** GAINESVILLE, FL 32605

**Title:** P  
**Name:** SCHLEISSING, GORDON MR  
**Address:** 7780 A1A SOUTH, #308  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

**Title:** D  
**Name:** BEESE, LIBBY MS  
**Address:** 1093 A1A BEAD BLVD, PMB 374  
**City-St-Zip:** SAINT AUGUSTINE, FL 32084

**Title:** D  
**Name:** SAMPSON, DENNIS MR  
**Address:** 205 MARSHSIDE DR.  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

**SIGNATURE:** JUDY S. ALLIGOOD

MS

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date