

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90036 023 ****61.25

DOCUMENT # N94000001408

1. Entity Name
**WINDJAMMER CONDOMINIUM ASSOCIATION - ST.
PETE, INC.**



Principal Place of Business
**1400 GANDY BLVD.
OFFICE
ST. PETERSBURG, FL 33702 US**

Mailing Address
**1400 GANDY BLVD. N.
OFFICE
SAINT PETERSBURG, FL 33702 US**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0530789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JULIA GALPIN REALTY, INC. 553 S DUNCAN AVE CLEARWATER, FL 33756		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, FELICIA		NAME	Cogley, Simon	
STREET ADDRESS	1400 GANDY BLVD NORTH UNIT 907		STREET ADDRESS	1400 GANDY BLVD N. Unit 1209	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKOWITZ, LARRY		NAME	MATIC BLAGOJE	
STREET ADDRESS	1400 GANDY BLVD NORTH UNIT 812		STREET ADDRESS	1400 GANDY BLVD N. UNIT 1610	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	Snyder George	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KREISLE, LORI		NAME	VP	
STREET ADDRESS	2735 WHITNEY RAOD		STREET ADDRESS	1400 GANDY BLVD N. Unit 704	
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	
TITLE	P	<input type="checkbox"/> Delete	TITLE	BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONE, KYLE		NAME	Jones, Kyle	
STREET ADDRESS	1400 GANDY BLVD NORTH UNIT 801		STREET ADDRESS	1400 GANDY BLVD N. Unit 801	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	
TITLE	BM	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAHREN, JERRY		NAME	SCHLEICH KATHERINE	
STREET ADDRESS	17715 GULF BLVD UNIT 911		STREET ADDRESS	1400 GANDY BLVD N. UNIT 508	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ERWIN C		NAME	CLARK ERWIN C	
STREET ADDRESS	1400 GANDY BLVD. N. UNIT 209		STREET ADDRESS	1400 GANDY BLVD N. Unit 209	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Simon E Cogley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08
Date

Daytime Phone #