

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90016 040 \*\*\*\*61.25

**DOCUMENT # N94000005983**

1. Entity Name  
**ADMIRAL'S WATCH AT WINDSTAR CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**PLATINUM PROPERTY MANAGEMENT LLC  
1016 COLLIER CENTER WAY, SUITE 102  
NAPLES, FL 34110**

Mailing Address  
**PLATINUM PROPERTY MANAGEMENT LLC  
1016 COLLIER CENTER WAY, SUITE 102  
NAPLES, FL 34110**

40011000



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

02292008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3451735**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLATINUM PROPERTY MANAGEMENT LLC  
1016 COLLIER CENTER WAY  
SUITE 102  
NAPLES, FL 34110**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BOOTSMA, JAN  
1560 STAR POINTE LANE, B-A  
NAPLES, FL 34112** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JAMES WHITE PRESIDENT  
1510 STAR POINTE LANE  
NAPLES, FL 34112** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TURCHETTA, JOHN  
1500 STAR POINTE LANE  
NAPLES, FL 34112** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
TSHIGGFRIE, ED  
1610 STAR POINTE LN  
NAPLES, FL 34112** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
DENNEN, JEAN  
1580 STAR POINT LANE  
NAPLES, FL 34112** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
JONES, PETER  
1560 STAR POINTE LANE  
NAPLES, FL 34112** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JACK HAYES TREASURER  
1630 STAR POINTE LANE  
NAPLES FL 34112** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/08