

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90035 038 \*\*\*150.00

**DOCUMENT # P97000057798**

1. Entity Name

WINDWARD SAILING SCHOOL, INC.



Principal Place of Business

FERNANDINA HARBOR MARINA  
1 FRONT STREET  
FERNANDINA BEACH FL 32034

Mailing Address

1010 ATLANTIC AVE.  
FERNANDINA BEACH FL 32034  
US



2. Principal Place of Business

33158 Sunny Parke Cir.  
Suite, Apt. #, etc.

3. Mailing Address

33158 Sunny Parke Cir.  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Fernandina Beach, FL

Zip

32034

Country

Nassau

City & State

Fernandina Beach, FL

Zip

32034

Country

Nassau

4. FEI Number

59-3457362

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOMASSETTI, A. JEFFREY  
406 ASH STREET  
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete  
NAME WEAVER, CHARLES S  
STREET ADDRESS 1010 ATLANTIC AVE.  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE PST ☐ Delete  
NAME WEAVER, SANDRA M  
STREET ADDRESS 1010 ATLANTIC AVE.  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME weaver, Charles S  
STREET ADDRESS 33158 Sunny Parke Circle  
CITY-ST-ZIP Fernandina Beach, FL 32034

TITLE S/T/V ☒ Change ☐ Addition  
NAME Weaver, Sandra M.  
STREET ADDRESS 33158 Sunny Parke Circle  
CITY-ST-ZIP Fernandina Beach, FL 32034

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

Sandra Weaver Sandra Weaver

2-17-06

904-  
237-8517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #