2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01881

Entity Name: WINDSTAR ON NAPLES BAY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN PROPERTY MANAGEMENT SVC 8825 TAMIAMI TRAIL EAST NAPLES, FL 34113

Current Mailing Address:

C/O AMERICAN PROPERTY MANAGEMENT SVC 8825 TAMIAMI TRAIL EAST NAPLES, FL 34113 US

FEI Number: 65-0071194

Name and Address of Current Registered Agent:

MISERANDINO ORTIZ, ORLANDO C/O AMERICAN PROPERTY MANAGEMENT SERVICES, LLC 8825 TAMIAMI TRAIL EAST NAPLES, FL 34113 US

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	ORLANDO MISERANDINO ORTIZ					
	Electronic Signature of Registered Agent			Date		
Officer/Direc	ctor Detail :					
Title	SECRETARY	Title	PRESIDENT			
Name	RAZZANO, PASQUALE	Name	LLOYD, JOHN			
Address	3588 WINDJAMMER CIRCLE	Address	1781 YORK ISLAND DRIVE			
City-State-Zip:	# 1803 NAPLES FL 34112	City-State-Zip:	NAPLES FL 34112			
		Title	DIRECTOR			
Title		Name	MELVIN, THOMAS			
Address	ZAUMEYER, DAVID 4606 YACHT HARBOR DRIVE #421	Address	2101 PAGET CIRCLE			
		City-State-Zip:	NAPLES FL 34112			
City-State-Zip:	NAPLES FL 34112	Title	DIRECTOR			
Title	VP	Name	KRAUS, TIM			
Name	FROST, JAMES	Address	3853 CLIPPER COVE DRIVE			
Address	4551 YACHT HARBOR DR	City-State-Zip:	NAPLES FL 34112			
City-State-Zip:	NAPLES FL 34112	Title	DIRECTOR			
Title	DIRECTOR	Name	FORSMAN, JOHN			
Name	MELVIN, THOMAS	Address	5025 MARINA COVE DRIVE			
Address	2101 PAGET CIRCLE	City-State-Zip:	# 103 NAPLES FL 34112			
City-State-Zip:	NAPLES FL 34112	Gity-State-Zip.	NAFLES FE 34112			
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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: JOHN LLOYD	PRESIDENT	04/25/2014
Electronic Signature of Signing Officer/Director Detail		Date

FILED Apr 25, 2014 Secretary of State CC4342903178

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	VENGROW, REGINA	Name	MACLEOD, ROBERT
Address	3613 HALDEMAN CREEK DRIVE	Address	3570 HALDEMAN CREEK DRIVE #112
City-State-Zip:	NAPLES FL 34112	City-State-Zip:	NAPLES FL 34112