

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01881

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

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC6014737029**

**Current Principal Place of Business:**

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**

**Certificate of Status Desired: No**

**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

04/28/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name RAZZANO, PASQUALE  
Address 8825 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

Title PRESIDENT  
Name FROST, JAMES  
Address 8825 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

Title TREASURER  
Name ZAUMEYER, DAVID  
Address 8825 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

Title DIRECTOR  
Name MELVIN, THOMAS  
Address 8825 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

Title DIRECTOR  
Name KRAUS, TIM  
Address 8825 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

Title DIRECTOR  
Name LLOYD, JOHN  
Address 8825 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

Title DIRECTOR  
Name FORSMAN, JOHN  
Address 8825 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

Title DIRECTOR  
Name VENGROW, REGINA  
Address 8825 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

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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:** JAMES FROST

PRESIDENT

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MACLEOD, ROBERT  
Address        8825 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113