

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01881

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

**FILED**  
**Apr 12, 2021**  
**Secretary of State**  
**8623036676CC**

**Current Principal Place of Business:**

1700 WINDSTAR BLVD  
NAPLES, FL 34112

**Current Mailing Address:**

C/O WINDSTAR ON NAPLES BAY MASTER ASSOC.  
1700 WINDSTAR BLVD  
NAPLES, FL 34112 US

**FEI Number: 65-0071194**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JOHNSON, MITCHELL  
C/O WINDSTAR ON NAPLES BAY MASTER ASSOCIATION  
1700 WINDSTAR BLVD  
NAPLES, FL 34112 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:** MITCHELL A JOHNSON

04/12/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HOLLY, DENIS  
Address 1700 WINDSTAR BLVD  
City-State-Zip: NAPLES FL 34112

Title PRESIDENT  
Name PETER, GOMSAK JR.  
Address 1700 WINDSTAR BLVD  
City-State-Zip: NAPLES FL 34112

Title DIRECTOR  
Name JAMES, MCDONNELL  
Address 1700 WINDSTAR BLVD  
City-State-Zip: NAPLES FL 34112

Title VP  
Name BUTTON, RJ  
Address 1700 WINDSTAR BLVD  
City-State-Zip: NAPLES FL 34112

Title DIRECTOR  
Name CAROL, GARVEY  
Address 1700 WINDSTAR BLVD  
City-State-Zip: NAPLES FL 34112

Title SECRETARY  
Name IVEY, DAVID  
Address 1700 WINDSTAR BLVD  
City-State-Zip: NAPLES FL 34112

Title TREASURER  
Name MOUNCE, RICHARD  
Address 1700 WINDSTAR BLVD  
City-State-Zip: NAPLES FL 34112

Title DIRECTOR  
Name FRANCES, KRAUS LEE  
Address 1700 WINDSTAR BLVD  
City-State-Zip: NAPLES FL 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:** DAVID IVEY

**SECRETARY**

04/12/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MACLEOD, ROBERT  
Address        1700 WINDSTAR BLVD  
City-State-Zip: NAPLES FL 34112