

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **720636** (0)  
1. Corporation Name  
**FAIR WIND APARTMENTS, INC.**



Principal Place of Business: 231 N B STREET APT 6 LAKE WORTH FL 33460  
Mailing Address: 231 N B STREET APT 6 LAKE WORTH FL 33460

3. Date Incorporated or Qualified: 04/01/1971  
3a. Date of Last Report: 04/03/1995  
4. FEI Number: 44-0607856  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**HARJU, OLIVER**  
231 N B STREET #6  
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARJU, OLIVER	
STREET ADDRESS	231 N B ST APT 6	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALO, JULIA	
STREET ADDRESS	231 N B ST	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KASKI, DAVID	
STREET ADDRESS	231 N. B STREET APT 14	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNEKACK, GEORGE	
STREET ADDRESS	231 N. B STREET APT 9	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VIITA, IRENE	
STREET ADDRESS	231 N B STREET #8	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HENZLER, EARL	
STREET ADDRESS	231 NORTH B. ST.	
CITY-ST-ZIP	LAKE WORTH, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *K. David Kaski* TRENSUREX 4/20/96 586-3718  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)