FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(0)

FAIR WIND APARTMENTS, INC.

FILED Feb 09 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·	-		
231 N B STREET APT 6 231 N B STREET APT 6						3. Date Incorporated or Qualified	
LAKE WORTH FL 33460 LAKE WORTH FL 33460						04/01/1971	
						4. FEI Number Applied For	
						44-0607856 Not Applicable	
2. Principal Place of Business 2a. Mailing Address						5. Certificate of Status Desired S8.75 Additional	
21 26						Fee Required	
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27				6. Election Campaign Financing Trust Fund Contribution		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State City & State						7. Is this nonprofit corporation a homeowners association?	
23 28		T			Yes No		
Zip	Country	Zip	Country		ſ	8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Curre	ot Begintered Agent	30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
-	y. Marine and Address of Curre	it nadistalan vitalit		81 Name			
MARNI	OI NED						
	HARJU, OLIVER 231 N B STREET #6			82	Street Addre	iss (P.O. Box Number Is Not Acceptable)	
	ORTH FL 33460			83			
			ŀ	84	City	85 Zip Code	
44 5	10 017 017	D. LOZZIEGO EL SIL BULL			<u> </u>	FL 29 2000	
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	,						
	Signature, typed or printed name of registered ag-			i Age	ent signature required		
12.		DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	PD UNTO		1.1 TITL		İ	CT Origings CT Modition	
NAME	HARJU, OLIVER		1.2 NA				
STREET ADDRESS	231 N B ST APT 6				ADDRESS		
CITY-ST-ZIP TITLE	LAKE WORTH, FL 00000	DELETE	1.4 CIT 2.1 TITL		51-217	☐ Change ☐ Addition	
NAME	HAAPANEN	(-) vection	2.2 NAM				
STREET ADDRESS	231 N. B STREET, APT. 13				ADDRESS	4 - A	
CITY-ST-ZIP	LAKE WORTH FL		2. 4 CITY				
TITLE	1	DELETE	3.1 TITLE			Change Addition	
NAME	KASKI, DAVID	•	3.2 NAME				
STREET ADDRESS	231 N. B STREET APT 14				ADDRESS	İ	
CITY-ST-ZIP	LAKE WORTH, FL 00000		3.4. CITY				
TITLE	D	DELETE	4.1 TITLE		- 1	☐ Change ☐ Addition	
NAME	MIKKOLA, KARI		4. 2 NAM				
STREET ADDRESS	231 N. B STREET, APT. 4		4.3 STREE		ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY:		ST-ZIP		
TITLE	8	☐ DELETE	5.1 TITLE			Change Addition	
NAME	viita, irene		5.2 NAME			•	
STREET ADDRESS	231 N B STREET #8		5.3 STREE		ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 00000		5.4 CITY-		ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME	HENZLER, EARL		6.2 NAME				
STREET ADDRESS	231 NORTH B. ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CI			Section 119 07/3VI). Florida Statutes I further certify that the information	
14 I horoby o							

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turriner certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turriner 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.

CIECULIA.