

**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 # 765273 (8)**

1. Corporation Name

**FAIRWIND SHORES CONDOMINIUM ASSOC., INC.**



Principal Place of Business	Mailing Address
3360 OCEAN SHORE BLVD. ORMOND BEACH FL 32176-2101	3360 OCEAN SHORE BLVD. ORMOND BEACH FL 32176-2101

3. Date Incorporated or Qualified <b>10/04/1982</b>	3a. Date of Last Report <b>03/07/1995</b>
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number <b>59-2297509</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ACTIS, MARIA</b> <b>3370 OCEAN SHORE BLVD</b> <b>SUITE 404B</b> <b>ORMOND BEACH FL 32176</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
		85. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARNOLD, BOB</b>	12 NAME	
STREET ADDRESS	<b>3370 OCEAN SHORE BLVD</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	14 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, BILL</b>	22 NAME	
STREET ADDRESS	<b>3370 OCEAN SHORE BLVD</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	24 CITY-ST-ZIP	
TITLE	<b>I</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ACTIS, MARIA</b>	32 NAME	
STREET ADDRESS	<b>3370 OCEAN SHORE BLVD.</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	34 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLINS, JIM</b>	42 NAME	
STREET ADDRESS	<b>3370 OCEAN SHORE BLVD.</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	44 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIVINGSTON, DANNY</b>	52 NAME	
STREET ADDRESS	<b>3370 OCEAN SHORE BLVD</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	54 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CATAUDELLA, UMBERO</b>	62 NAME	
STREET ADDRESS	<b>25 WHITE AVENUE WEST HILL</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>ONT. CA</b>	64 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: Maria Actis T **Feb. 4-1996** (904) 441-6455  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)