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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 32176-2185

3. Date Incorporated or Qualified
10/04/1982

3a. Date of Last Report
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-2297509

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACTIS, MARIA
3370 OCEAN SHORE BLVD
SUITE 404B
ORMOND BEACH FL 32176

81 Name

BRUCE ROBINSON

82 Street Address (P.O. Box Number is Not Acceptable)

3360 OCEAN SHORE BLVD. #404A

83

84 City

ORMOND BEACH,

FL

85 Zip Code
32176

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME ARNOLD, BOB
STREET ADDRESS 3370 OCEAN SHORE BLVD
CITY-ST-ZIP ORMOND BEACH FL

1.1 TITLE T Change Addition
1.2 NAME BRUCE ROBINSON
1.3 STREET ADDRESS 3360 OCEAN SHORE BLVD. #404A
1.4 CITY-ST-ZIP ORMOND BEACH, FL. 32176

TITLE D DELETE
NAME DAVIS, BILL
STREET ADDRESS 3370 OCEAN SHORE BLVD
CITY-ST-ZIP ORMOND BEACH FL

2.1 TITLE D Change Addition
2.2 NAME BILL DEAN
2.3 STREET ADDRESS 3360 OCEAN SHORE BLVD. #104A
2.4 CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE T DELETE
NAME ACTIS, MARIA
STREET ADDRESS 3370 OCEAN SHORE BLVD.
CITY-ST-ZIP ORMOND BEACH FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME COLLINS, JIM
STREET ADDRESS 3370 OCEAN SHORE BLVD.
CITY-ST-ZIP ORMOND BEACH FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME CATAUDELLA, UMBERO
STREET ADDRESS 25 WHITE AVENUE WEST HILL
CITY-ST-ZIP ONT. CA

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Bruce Robinson 2/28/97 904-441-6455

CR2E037 (9/96)