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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

FAIRWIND SHORES CONDOMINIUM ASSOC... INC.

17	MIND OFFICIES SONDOM	11410111 70000-; 1140-					
Principal Plac	ce of Business	Mailing Address	Mailing Address				
3360 OCEAN SHORE BLVD. 3360 OCEAN SHORE BLVI ORMOND BEACH FL 32176-2101 ORMOND BEACH FL 32176						Date Incorporated or Qualified 10/04/1982	
1						4. FEI Number Applied For Not Applicable	=
Principal Place of Business 2a. Mailing A			ddress			© 75 Additional	7
21		26				5. Certificate of Status Desired	_
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
City & State		City & State	⊢ ′			7. Is this nonprofit corporation a homeowners association?	٦
Zip	Country	28	Zip Country		,	XYes □ No This corporation owes or has paid the current year intangible	-
24	25 29		30			Personal Property Tax due June 30. Yes X No	
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		
ROBINSON, BRUCE				82	Street Addre	t Address (P.O. Box Number is Not Acceptable)	
	CEAN SHORE BLVD ID BEACH FL 32176			83			\dashv
				84	City	85 Zip Code	\dashv
						!=L `	╛
11. Pursuant office or r agent, I a	to the provisions of Sections 617 registered agent, or both, in the 5 am familiar with, and accept the c	.0502 and 617.1508, Florida Stat State of Florida. Such change was ibligations of, Section 617.0503, I	utes, the a s authorize Florida Sta	bove d by tutes	a-named corporations. 3.	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	,
SIGNATURE	Signature, typed or printed name of registers	- day and Alba Sanakantala (b)	OTT. Desistan	4 0		od when reinstating) DATE	
12.		AND DIRECTORS	13.	u Age	ar agnatus reduid	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	١;
TITLE	P	☐ DELETE	1.1 Π	ITLE		☐ Change ☐ Addition	
NAME	ARNOLD, BOB		1.2 N	AME			į.
STREET ADDRESS	3370 OCEAN SHORE BLY	/D	1.3 \$	TREET	ADDRESS		l
CITY-ST-ZIP	ORMOND BEACH FL				T- ZIP		_ ŝ
TITLE	DELETE		2.1 TI	2.1 TITLE		Change Addition	۱ I'
NAME	DAVIS, BILL	ID	2.2 N				
STREET ADDRESS	3370 OCEAN SHORE BLY	טי	2.3 STREET ADD				
CITY-ST-ZIP TITLE	ORMOND BEACH FL			2.4 GITY-ST-ZIP 3.1 TITLE		Change Addition	\dashv
NAME	ROBINSON, BRUCE		3.1 N			Gualigo Addition	1
STREET ADDRESS	3360 OCEAN SHORE BLY	/D #404A			ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL				ST-ZIP		
TITLE	D	DELETE	4.1 TI		,, <u>, , , , , , , , , , , , , , , , , ,</u>	Change Addition	T.
NAME	DEAN, BILL		4, 2 N	LAME			
STREET ADDRESS	3360 OCEAN SHORE BL\	/D #104A	4.3 S	TREET	ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		4.4 C	iTY-Si	T-ZIP		╛
TITLE	D	☐ DELETE	5.1 TI	TLE		Change Addition	1
NAME	CATAUDELLA, UMBERO		5.2 N	AME			ľ
STREET ADDRESS	25 WHITE AVENUE WEST	HILL	5.3 S	TREET	ADDRESS		
CITY-ST-ZIP	ONT. CA			5.4 CITY - ST - ZIP			_
TITLE		☐ DELETE	6.1 TI			Change Addition	i
NAME			6.2 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP 14 L becably cartiful that the information supplied with this filling does not qualify for the					T-ZIP	Section 119 07/3Vi) Florida Statutes further certify that the information	\dashv
indicay (en this approximation aupplor	contail control report in true and as	Curata an	or ipi	at my cianatur	Section 119.07(3)(i), Florida Statutes. I further certify that the information	- 1

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 at 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: