

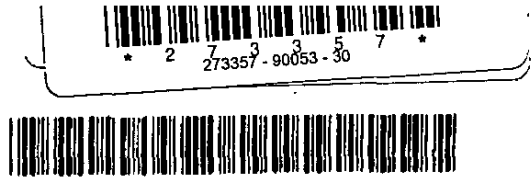
FILED
Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Hegerl Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765273
 1. Corporation Name
FAIRWIND SHORES CONDOMINIUM ASSOC., INC.

Principal Place of Business 3360 OCEAN SHORE BLVD. ORMOND BEACH FL 32176-2101	Mailing Address 3360 OCEAN SHORE BLVD. ORMOND BEACH FL 32176-2101
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/04/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2297509
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent ROBINSON, BRUCE 3360 OCEAN SHORE BLVD ORMOND BEACH FL 32176	10. Name and Address of New Registered Agent 81 Name <i>Bob Arnold</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>3370 OCEAN SHORE BLVD</i> 83 84 City <i>ORMOND BEACH</i> FL 85 Zip Code <i>32176</i>
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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 *Bob Arnold* President *Bob Arnold* DATE *1-15-99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input type="checkbox"/> DELETE	NAME ARNOLD, BOB	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3370 OCEAN SHORE BLVD	CITY-ST-ZIP ORMOND BEACH FL	1.2 NAME	
TITLE V <input type="checkbox"/> DELETE	NAME DAVIS, BILL	1.3 STREET ADDRESS	
STREET ADDRESS 3370 OCEAN SHORE BLVD	CITY-ST-ZIP ORMOND BEACH FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T <input type="checkbox"/> DELETE	NAME ROBINSON, BRUCE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3360 OCEAN SHORE BLVD #404A	CITY-ST-ZIP ORMOND BEACH FL	2.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME DEAN, BILL	2.3 STREET ADDRESS	
STREET ADDRESS 3360 OCEAN SHORE BLVD #104A	CITY-ST-ZIP ORMOND BEACH FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> DELETE	NAME CATAUDELLA, UMBRO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 25 WHITE AVENUE WEST HILL	CITY-ST-ZIP ONT. CA	3.2 NAME	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME REUBEN BRACKETT	3.3 STREET ADDRESS	
STREET ADDRESS 3370 OCEAN SHORE BLVD.	CITY-ST-ZIP ORMOND BEACH FL 32176	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		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 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, with all other like empowered.

SIGNATURE: *Bob Arnold* DATE: *1-15-99* DAYTIME PHONE #: *904-441-6455*

CR2E037 (1/1/98)