

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 765273**

1. Entity Name

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

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90043 010 \*\*\*\*61.25

Principal Place of Business <b>3360 OCEAN SHORE BLVD. ORMOND BEACH FL 32176-2101</b>	Mailing Address <b>3360 OCEAN SHORE BLVD. ORMOND BEACH FL 32176-2185</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2297509</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**ARNOLD, BOB**  
**3370 OCEAN SHORE BLVD**  
**ORMOND BEACH FL 32176**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Bob Arnold* 3/30/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>ARNOLD, BOB</b>
STREET ADDRESS	<b>3370 OCEAN SHORE BLVD</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>DAVIS, BILL</b>
STREET ADDRESS	<b>3370 OCEAN SHORE BLVD</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>ROBINSON, BRUCE</b>
STREET ADDRESS	<b>3360 OCEAN SHORE BLVD #404A</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DEAN, BILL</b>
STREET ADDRESS	<b>3360 OCEAN SHORE BLVD #104A</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CATAUDELLA, UMBRO</b>
STREET ADDRESS	<b>25 WHITE AVENUE WEST HILL</b>
CITY-ST-ZIP	<b>ONT. CA</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>BRACKETT, REUBEN</b>
STREET ADDRESS	<b>3370 OCEAN SHORE BLVD</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bob Arnold* 3/30/2000

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)