


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 765273**  
 1. Entity 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**

**DO NOT WRITE IN THIS SPACE**



07062004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2297509**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ARNOLD, BOB  
 3370 OCEAN SHORE BLVD  
 ORMOND BEACH, FL 32176**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)

**Filing Fee is \$61.25  
 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARNOLD, BOB 3370 OCEAN SHORE BLVD ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D UNDERWOOD, RUTH 3360 OCEAN SHORE BLVD 207-A ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRACON, LARRY 3370 OCEAN SHORE BLVD 204-B ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MAKOWILZ, BILL 3360 OCEAN SHORE BLV 105-A ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARKOWITZ, BILL 3360 OCEAN SHORE BLVD #105A ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEPE, JOHN 3360 OCEAN SHORE BLVD #402A ORMOND BEACH, FL 32176

00000165119  
 07/09/04-80017-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Wrs Ruth Underwood Ruth Underwood 7/6/04 386-441-1680  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #