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**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 767959**

1. Corporation Name

**FAIRWINDS COVE III CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

C/O ADVANTAGE PROPERTY MANAGEMENT  
 P O BOX 65  
 JENSEN BEACH FL 34958-0065

Mailing Address

C/O ADVANTAGE PROPERTY MANAGEMENT  
 P O BOX 65  
 JENSEN BEACH FL 34958-0065



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/14/1983

4. FEI Number

59-2307757

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

9. Name and Address of Current Registered Agent

CORNETT, JANE INE L ESQ  
 WACKEEN, CORNETT & GOOGE, P.A.  
 401 EAST OSCEOLA STREET  
 STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE PD  DELETE  
 NAME THACKERY, CHARLES E.  
 STREET ADDRESS 3392 NE CAUSEWAY #6-101  
 CITY-ST-ZIP JENSEN BCH FL 34957

TITLE SD  DELETE  
 NAME CLAUSEN, DONNA  
 STREET ADDRESS 3392 NE CAUSEWAY BLVD, #7-101  
 CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE TD  DELETE  
 NAME CASTELLANO, GEORGE  
 STREET ADDRESS 3392 NE CAUSEWAY #7-303  
 CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE D  DELETE  
 NAME DALY, JOAN  
 STREET ADDRESS 3392 NW CAUSEWAY BLVD, #7-302  
 CITY-ST-ZIP JENSEN BEACH FL

TITLE VPD  DELETE  
 NAME SOETERS, JEAN  
 STREET ADDRESS 3382 NE CAUSEWAY BLVD 7-303  
 CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE VP  Change  Addition  
 2.2 NAME Ruth Quinto  
 2.3 STREET ADDRESS 3392 NE Causeway Blvd 7-402  
 2.4 CITY-ST-ZIP Jensen Beach FL 34957

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

4.1 TITLE T  Change  Addition  
 4.2 NAME Dortch, Joyce  
 4.3 STREET ADDRESS 3392 NW Causeway Blvd 6-302  
 4.4 CITY-ST-ZIP Jensen Beach FL 34957

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

6.1 TITLE  Change  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: *X C. S. [Signature]* SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)