

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90008 011 ****61.25

DOCUMENT # 767959

1. Entity 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 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-2307757 | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | |

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CORNETT, JANE 'INE' L' ESQ WACKEEN, CORNETT & GOOGE, P.A. 401 EAST OSCEOLA STREET STUART FL 34994 | | 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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

| | | |
|---------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---------------------------------|---|--|

| | | | |
|--|--|--|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE <input checked="" type="checkbox"/> PD | THACKERY, CHARLES E. 3332 NE CAUSEWAY #6-101 JENSEN BCH FL 34957 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE <input checked="" type="checkbox"/> TD | QUINTO, RUTH 3392 NE CAUSEWAY BLVD 7-402 JENSEN BEACH FL 34957 | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TD O'DAIN, THOMAS 3382 NE CAUSEWAY Blvd # 7102 Jensen Beach, FL 34957 |
| TITLE <input type="checkbox"/> VPD | DORTH, JOYVE 3392 NW CAUSEWAY BLVD 6-302 JENSEN BEACH FL | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | Dorth, Joyce |
| TITLE <input checked="" type="checkbox"/> SD | SOETERS, JEAN 3382 NE CAUSEWAY BLVD 7-303 JENSEN BEACH FL 34957 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE <input checked="" type="checkbox"/> D | KENNEDY, MARY 3382 NE CAUSEWAY BLVD. # 7-403 JENSEN BEACH FL 34957 | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | VPD CASTELLANO, George 3382 NE CAUSEWAY Blvd # 7203 Jensen Beach, FL 34957 |
| TITLE <input type="checkbox"/> | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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: *[Signature]* **2/8/02**

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

CR2E037 (9/01)