


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90039 028 ****61.25

DOCUMENT # N02000005573			
1. Entity Name FAIRWINDS CONDOMINIUM, INCORPORATED			
Principal Place of Business 19734 GULF BLVD INDIAN SHORES, FL 33785		Mailing Address 4807 BAYSHORE BLVD. SUITE 101 TAMPA, FL 33611	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 553 S. DUNCAN AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CLEARWATER FL	
Zip	Country	Zip	Country
33756		33756	Pinellas
4. FEI Number 20-4870572		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRISTOPHER E. FERNANDEZ, P.A. 114 S. FREMONT AVENUE TAMPA, FL 33606		7. Name and Address of New Registered Agent Name JULIA E GALPIN Street Address (P.O. Box Number is Not Acceptable) 553 S. DUNCAN AVE CLEARWATER . City FL Zip Code 33756	
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 <i>Julia E Galpin</i>		DATE 3/17/08	
Signature, typed or printed name of registered agent (and title if applicable).		(NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, GREGORY 4816 W. BEACH PARK DRIVE TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCMURRAY, GRAEME 2103 CLIMBLING IVY DR. TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MEZACK MICHAEL 14707 WATERCHASE BLVD TAMPA FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOODE, HENRY C JR 440 GLENCOURTNEY DR. ATLANTA, GA 30328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Marcit</i>		DATE: MAR 13/08 DAYTIME PHONE #: 813-282	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date Daytime Phone #	

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