

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04216 (0)
1. Corporation Name
FOUR WINDS MARINA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 16501 STRINGFELLOW RD. BOKEELIA FL 33922		Mailing Address 16501 STRINGFELLOW RD. BOKEELIA FL 33922	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	

3. Date Incorporated or Qualified 07/17/1984	3a. Date of Last Report 09/14/1995
4. FEI Number 59-2635791	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FANNING, LYNNRT L 16501 STRINGFELLOW RD STE 105 BOKEELIA FL 33922				10. Name and Address of New Registered Agent			
81. Name Howard DeVane				82. Street Address (P.O. Box Number is Not Acceptable) 8223 W, JAMESTOWN CIRCLE			
83.				84. City NORTH FT MYERS			
				85. State FL		Zip Code 33916	

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: Howard DeVane (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 7-6-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, HOWARD	1.2 NAME	
STREET ADDRESS	16501 STRING FELLOW RD. #202	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL 33956	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANNING, LYNN L.	2.2 NAME	
STREET ADDRESS	16501 STRINGFELLOW RD, #105	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA, FL 33922	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETTON, A. HAMLIN	3.2 NAME	
STREET ADDRESS	16501 STRING FELLOW RD. #204	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL 33922	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVANE, HOWARD	4.2 NAME	
STREET ADDRESS	8223 W, JAMESTOWN CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL 33916	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, ROLAND	5.2 NAME	
STREET ADDRESS	RT # 26 BOX 22	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCEANVIEW, DE 19970	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Howard DeVane (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 6/17/96 DAYTIME PHONE #: 800-648-1579

CR2E037 (3/96)