

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90026 016 ****61.25

DOCUMENT # N04216

1. Entity Name

FOUR WINDS MARINA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

16501 STRINGFELLOW RD.
 BOKEELIA FL 33922

Mailing Address

7990 BARRANCAS
 BOKEELIA FL 33922-0078
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2635791

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEVANE, HOWARD
8060 STATE ROAD 31
PUNTA GORDA FL 33982

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, HOWARD	
STREET ADDRESS	16501 STRING FELLOW RD. #202	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUBLITZ, ROBERT	
STREET ADDRESS	18494 S HAMPTON	
CITY-ST-ZIP	ONTARIO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LETTON, A. HAMBLIN	
STREET ADDRESS	16501 STRING FELLOW RD. #204	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, PETER	
STREET ADDRESS	1701 GREEN CREST DRIVE	
CITY-ST-ZIP	VICTORUA MN 55386	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	HERELEY, DANIEL	
STREET ADDRESS	610 OLD ORCHARD ROAD	
CITY-ST-ZIP	HARVARD IL 60033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela Morton	
STREET ADDRESS	1960 Reneer Ave.	
CITY-ST-ZIP	Muskegon, MI 49441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Scott	
STREET ADDRESS	1224 Madison St.	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hereley, Daniel	
STREET ADDRESS	610 Old Orchard Road	
CITY-ST-ZIP	Harvard, IL 60033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 live empowered.

SIGNATURE:

[Handwritten Signature]
 DANIEL HERELEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00

Date

941-283-5512

Daytime Phone #

CR2E037 (9/99)