

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2004
Secretary of State**

DOCUMENT# N04216

Entity Name: FOUR WINDS MARINA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16501 STRINGFELLOW RD
BOKEELIA, FL 33922

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 78
BOKEELIA, FL 33922

New Mailing Address:

FEI Number: 59-2635791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVANE, HOWARD
8060 STATE ROAD 31
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

BRAUND, SALLY
12185 HARRY STREET
BOKEELIA, FL 33922 US

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: SALLY BRAUND

04/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPSD () Delete
Name: MORTON, PAMELA
Address: P.O. BOX 831
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: BUBLITZ, ROBERT
Address: 18494 S HAMPTON
City-St-Zip: LIVONIA, MI 48152

Title: D () Delete
Name: ROOK, ELEMER W
Address: 511 ELMA MEADOW LANE
City-St-Zip: ELMA, NY 14059

Title: D () Delete
Name: DEVANE, HOWARD
Address: P.O. BOX 471
City-St-Zip: BOKEELIA, FL 33922

Title: PTD () Delete
Name: HERLEY, DANIEL
Address: 610 OLD ORCHARD ROAD
City-St-Zip: HARVARD, IL 60033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PTD (X) Change () Addition
Name: BUBLITZ, ROBERT
Address: 18494 S HAMPTON
City-St-Zip: LIVONIA, MI 48152

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MILLS, JIM
Address: 106 LAKEMOUNT CIRCLE
City-St-Zip: MONETA, VA 24121

Title: D (X) Change () Addition
Name: RIPLEY, THOMAS
Address: 2860 BAKERS FARM RD SE
City-St-Zip: ATLANTA, GA 30339

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BUBLITZ

PTD

04/15/2004

Electronic Signature of Signing Officer or Director

Date