

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2006  
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:**

5509 PINE ISLAND ROAD NW  
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:**

BRAUND, SALLY  
12185 HARRY STREET  
BOKEELIA, FL 33922      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
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: PTD      ( ) 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: MILLS, JIM  
Address: 106 LAKEMOUNT CIRCLE  
City-St-Zip: MONETA, VA 24121

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PTD      (X) Change ( ) Addition  
Name: HERELEY, DAN  
Address: 610 OLD ORCHARD RD  
City-St-Zip: HARVARD, IL 60033

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

Title: D      (X) Change ( ) Addition  
Name: BUFF, MICHAEL  
Address: 2437 LEELAWOING RD  
City-St-Zip: LINCOLNTON, NC 28092

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAN HERELEY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PTD

04/20/2006

\_\_\_\_\_  
Date