

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729472 (1)

1. Corporation Name

FOUR WINDS, A CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

9225 COLLINS AVENUE
SURFSIDE FL 331549225 COLLINS AVENUE
SURFSIDE FL 33154-30463. Date Incorporated or Qualified
04/17/19743a. Date of Last Report
06/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1556461

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KALLICHE, ANTHONY ESO.
BECKER & POLIAKOFF
6161 BLUE LAGOON DR., SUITE 250
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HERRERA, MANDY	
STREET ADDRESS	9225 COLLINS AVENUE, APARTMENT 408	
CITY - ST - ZIP	SURFSIDE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHAFFNER, STEVE	
STREET ADDRESS	9225 COLLINS AVE	
CITY - ST - ZIP	SURFSIDE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BURRY, ADELE	
STREET ADDRESS	9225 COLLINS AVE	
CITY - ST - ZIP	SURFSIDE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRAUSE, PAUL	
STREET ADDRESS	9225 COLLINS AVE	
CITY - ST - ZIP	SURFSIDE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FULGEMCRO, RALPH	
STREET ADDRESS	9225 COLLINS AVE	
CITY - ST - ZIP	SURFSIDE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILSON, AARON	
STREET ADDRESS	9225 COLLINS AVE.	
CITY - ST - ZIP	SURFSIDE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EUGENE A. RAZZETTI	
1.3 STREET ADDRESS	9225 COLLINS AVE.	
1.4 CITY - ST - ZIP	SURFSIDE, FL 33154	
2.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEWART H. ARON	
2.3 STREET ADDRESS	9225 COLLINS AVE.	
2.4 CITY - ST - ZIP	SURFSIDE, FL 33154	
3.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EONA CHARLESTON	
3.3 STREET ADDRESS	9225 COLLINS AVE.	
3.4 CITY - ST - ZIP	SURFSIDE, FL 33154	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030915

CR2E037 (9/96)