

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005573

**Entity Name:** FAIRWINDS CONDOMINIUM, INCORPORATED

**Current Principal Place of Business:**

19734 GULF BLVD  
UNIT 301  
INDIAN SHORES, FL 33785

**Current Mailing Address:**

FAIRWINDS CONDOMINIUM INC.  
C/O S/3 CONSULTING GROUP 19534 GULF BLVD #202  
INDIAN SHORES, FL 33785-3202 US

**FEI Number:** 20-4870572

**Certificate of Status Desired:** No

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

MURRAY, GREGORY  
5561 LEGEND HILLS LANE  
SPRING HILL, FL 34609 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            MURRAY, GREGORY  
Address        5561 LEGEND HILLS LANE  
City-State-Zip: SPRING HILL FL 34609

Title            VP, DIRECTOR  
Name            MEZACK, MICHAEL  
Address        14707 WATERCHASE BLVD  
City-State-Zip: TAMPA FL 33626

Title            SECRETARY, TREASURER,  
                    DIRECTOR  
Name            EPSTEIN, JOSEPH  
Address        2626 W. WATROUS AVENUE  
City-State-Zip: TAMPA FL 33629

*I hereby 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 all other like empowered.*

**SIGNATURE:** GREGORY MURRAY

**PRESIDENT & DIRECTOR    03/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date