

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47286

Entity Name: FOUR WINDS MARINA NORTH CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 02, 2019
Secretary of State
6636782038CC**Current Principal Place of Business:**16621 STRINGFELLOW RD
BOKEELIA, FL 33922**Current Mailing Address:**679 SW 24TH AVE
OKEECHOBEE, FL 34974 US**FEI Number:** 65-0710394**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLAIR, DWAYNE
679 SW 24TH AVE
OKEECHOBEE, FL 34974 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:** DWAYNE BLAIR

04/02/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP	Title	PRESIDENT
Name	ENGLE, GENE	Name	BLAIR, DWAYNE
Address	432 EUNICE RD.	Address	679 SW 24TH AVENUE
City-State-Zip:	LAKELAND FL 33803	City-State-Zip:	OKEECHOBEE FL 34974
Title	DIRECTOR	Title	SECRETARY, TREASURER
Name	WELCH, ROBERT	Name	FOSTER, PAM
Address	16621 STRINGFELLOW ROAD #305	Address	392 VIA TUSCANY LOOP
City-State-Zip:	BOKEELIA FL 33922	City-State-Zip:	LAKE MARY FL 32746
Title	DIRECTOR		
Name	GRIFFITH, CRAIG		
Address	16641 STRINGFELLOW ROAD #503		
City-State-Zip:	BOKEELIA FL 33922		

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: DWAYNE BLAIR**PRESIDENT**

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date