

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 670764

FILED  
Apr 25, 2004  
Secretary of State

Entity Name: FOUR WINDS ASSOCIATES, INC.

**Current Principal Place of Business:**

1601 KEN THOMPSON PKWY  
SARASOTA, FL 342361005 US

**New Principal Place of Business:**

**Current Mailing Address:**

1601 KEN THOMPSON PKWY  
SARASOTA, FL 342361005 US

**New Mailing Address:**

FEI Number: 59-1998557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FERGESON, JAMES O JR  
1515 RINGLING BLVD.  
#1000  
SARASOTA, FL 34236 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, PETER  
Address: 1601 KEN THOMPSON PKWY  
City-St-Zip: SARASOTA, FL 342361005

Title: ST ( ) Delete  
Name: SMITH, PETER  
Address: 1601 KEN THOMPSON PKWY  
City-St-Zip: SARASOTA, FL 342361005

Title: VC ( ) Delete  
Name: LYNCH, TERRY W  
Address: 7090 PLACIDA ROAD  
City-St-Zip: CAPE HAZE, FL 33946

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

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

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

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER SMITH

PRES

04/25/2004

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

\_\_\_\_\_  
Date