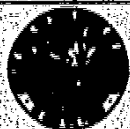


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715190 (5)
1. Corporation Name
FAIR WINDS CONDOMINIUM VILLAGE ASSOCIATION, INC.

Principal Place of Business Mailing Address
390 FAIR WINDS DRIVE 390 FAIR WINDS DRIVE
NOKOMIS FL 34275 NOKOMIS FL 34275

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/28/1968 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1277691 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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
24 25 29 30

9. Name and Address of Current Registered Agent

JOHNSON, FLORENCE
508 SLOOP WAY
NOKOMIS FL 34275

YOUNG, JOANNE
211 FAIR WINDS DR.
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name YOUNG, JOANNE
82 Street Address (P.O. Box Number is Not Acceptable) 211 FAIR WINDS DR.
83
84 City NOKOMIS, FL 34275 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Joanne Young

(NOTE: Registered Agent signature required when reinstating)

4-11-95

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLCOX, ARTHUR
STREET ADDRESS 501 FAIR WINDS DRIVE
CITY-ST-ZIP NOKOMIS FL
TITLE VP
NAME RETTIG, DAVID
STREET ADDRESS 805 FAIR WINDS DRIVE
CITY-ST-ZIP NOKOMIS FL
TITLE TD
NAME JOHNSON, FLORENCE
STREET ADDRESS 503 SLOOP WAY
CITY-ST-ZIP NOKOMIS FL
TITLE SD
NAME ZITO, FRED
STREET ADDRESS 620 FAIR WINDS DRIVE
CITY-ST-ZIP NOKOMIS FL
TITLE D
NAME BROWN, ALLEN
STREET ADDRESS 616 FAIR WINDS DRIVE
CITY-ST-ZIP NOKOMIS FL
TITLE D
NAME RETTIG, DAVID
STREET ADDRESS 501 SLOOP WAY
CITY-ST-ZIP NOKOMIS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT D ☒ Change ☐ Addition
1.2 NAME COLTON, HOWARD J.
1.3 STREET ADDRESS 506 SLOOP WAY
1.4 CITY-ST-ZIP NOKOMIS, FL 34275
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE TREASURER D ☒ Change ☐ Addition
3.2 NAME DONALD SEELOW, DONALD
3.3 STREET ADDRESS 301 YAWL WAY
3.4 CITY-ST-ZIP NOKOMIS, FL 34275
4.1 TITLE SECRETARY D ☒ Change ☐ Addition
4.2 NAME YOUNG, JOANNE
4.3 STREET ADDRESS 211 FAIR WINDS DR.
4.4 CITY-ST-ZIP NOKOMIS, FL 34275
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed in an attachment with an address.

SIGNATURE:

Joanne Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-95

DATE

813-485-1672

DAYTIME PHONE #