FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 NOKOMIS FL 34275	390 FAIR WINDS DRIVE 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JOHNSON, FLORENCE
~~503 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 4-11-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT D	☒ Change ☐ Addition
NAME	WILLCOX, ARTHUR	1.2 NAME	COLTON, HOWARD J.	
STREET ADDRESS	501 FAIR WINDS DRIVE	1.3 STREET ADDRESS	506 SLOOP WAY	
CITY-ST-ZIP	NOKOMIS FL	1.4 CITY-ST-ZIP	NOKOMIS, FL, 34275	
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	RETTIG, DAVID	2.2 NAME		
STREET ADDRESS	805 FAIR WINDS DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TREASURER D	☒ Change ☐ Addition
NAME	JOHNSON, FLORENCE	3.2 NAME	~~DONALD~~ SEELOW, DONALD	
STREET ADDRESS	503 SLOOP WAY	3.3 STREET ADDRESS	301 YAWL WAY	
CITY-ST-ZIP	NOKOMIS FL	3.4 CITY-ST-ZIP	NOKOMIS, FL, 34275	
TITLE	SD	4.1 TITLE	SECRETARY D	☒ Change ☐ Addition
NAME	ZITO, FRED	4.2 NAME	YOUNG, JOANNE	
STREET ADDRESS	620 FAIR WINDS DRIVE	4.3 STREET ADDRESS	211 FAIR WINDS DR.	
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP	NOKOMIS, FL. 34275	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, ALLEN	5.2 NAME		
STREET ADDRESS	616 FAIR WINDS DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	RETTIG, DAVID	6.2 NAME		
STREET ADDRESS	501 SLOOP WAY	6.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL	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 if changed or on an attachment with an address.

SIGNATURE: [signature] 4-7-95 813-488-1692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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