

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90287 009 ****61.25

DOCUMENT # 715190

1. Entity Name
FAIR WINDS CONDOMINIUM VILLAGE ASSOCIATION, INC.



Principal Place of Business
**350 FAIR WINDS DRIVE
NOKOMIS, FL 34275**

Mailing Address
**350 FAIR WINDS DRIVE
NOKOMIS, FL 34275**



2. Principal Place of Business

3. Mailing Address

PROGRESSIVE COMMUNITY MGMT, Inc. PROGRESSIVE COMMUNITY MGMT, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1801 GLENGARY STREET

1801 GLENGARY STREET

City & State

City & State

SARASOTA, FL

SARASOTA, FL

03282005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1277691

Applied For
Not Applicable

Zip
34231

Country
USA

Zip
34231

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PROGRESSIVE COMMUNITY MANAGEMENT, INC.
1801 GLENGARY STREET
SARASOTA, FL 34231**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

Jim MARKEL

4/15/05

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME PENNINGTON, DON
STREET ADDRESS 612 FAIR WINDS DRIVE
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE D ☒ Delete
NAME EICHLIN, DAVID
STREET ADDRESS 508 SLOOP WAY
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE T ☒ Delete
NAME SEELOW, DON
STREET ADDRESS 301 YAWL WAY
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE M ☒ Delete
NAME WIRT, VICTOR
STREET ADDRESS 107 BAYVIEW DRIVE
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE D ☐ Delete
NAME GOTTSCHALK, SUSAN
STREET ADDRESS 613 FAIRWINDS DRIVE
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME HASTINGS, DORIS
STREET ADDRESS 616 FAIRWINDS DRIVE
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE SD ☐ Change ☒ Addition
NAME GRIFFITHS, BOB
STREET ADDRESS 508 SLOOP WAY
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE TD ☐ Change ☒ Addition
NAME GIL MARTIN, MELINDA
STREET ADDRESS 109 CLIPPER WAY
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE AS ☐ Change ☒ Addition
NAME MARKEL, JIM
STREET ADDRESS 1801 GLENGARY STREET
CITY-ST-ZIP SARASOTA, FL 34231

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☐ Change ☒ Addition
NAME SUTTON, WILLIAM
STREET ADDRESS 1801 GLENGARY STREET
CITY-ST-ZIP SARASOTA, FL 34231

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim MARKEL

4/15/05 941-921-5393

Date

Daytime Phone #