

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90185 049 \*\*\*\*61.25

**DOCUMENT # 715190**

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



Principal Place of Business  
**1801 GLENGARY STREET  
SARASOTA, FL 34231**

Mailing Address  
**1801 GLENGARY STREET  
SARASOTA, FL 34231**

40066010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1277691**

Applied For  
Not Applicable

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 HASTINGS, DORIS  
STREET ADDRESS 616 FAIRWINDS DRIVE  
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE PD ☐ Change ☒ Addition  
NAME MARTINS, LINDA  
STREET ADDRESS 210 BRIGANTINE WAY  
CITY-ST-ZIP NOKOMIS, FL 34275

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

TITLE VPD ☐ Change ☒ Addition  
NAME WARREN, DIANE  
STREET ADDRESS 618 FAIRWINDS DRIVE  
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE TD ☐ Delete  
NAME GILMARTIN, MELINDA  
STREET ADDRESS 109 CLIPPER WAY  
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE SD ☐ Change ☒ Addition  
NAME REID, ROGER  
STREET ADDRESS 403 KETCH WAY  
CITY-ST-ZIP NOKOMIS, FL 34275

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jim MARKEL 4/17/06 941-921-5393**

Date

Daytime Phone #