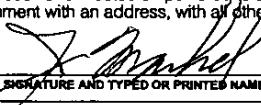


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 17, 2008 8:00 am  
Secretary of State**

03-17-2008 90011 021 \*\*\*\*61.25

<b>DOCUMENT # 715190</b>		
<p>1. Entity Name <b>FAIR WINDS CONDOMINIUM VILLAGE ASSOCIATION, INC.</b></p>		
<p>Principal Place of Business <b>1801 GLENGARY STREET SARASOTA, FL 34231</b></p>		<p>Mailing Address <b>1801 GLENGARY STREET SARASOTA, FL 34231</b></p>
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<p><b>PROGRESSIVE COMMUNITY MANAGEMENT, INC.</b> <b>1801 GLENGARY STREET SARASOTA, FL 34231</b></p>		<p>Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code</p>
<p>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.</p>		
<p>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE _____</span></p>		
<p><b>Filing Fee is \$61.25 Due by May 1, 2008</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></p>
<p>10. OFFICERS AND DIRECTORS</p>		
<p>TITLE: PD NAME: MARTINS, LINDA STREET ADDRESS: 210 BRIGHTINE WAY CITY-ST-ZIP: NOKOMIS, FL 34275</p>		<p><input type="checkbox"/> Delete</p>
<p>TITLE: SD NAME: WARREN, DIANE STREET ADDRESS: 618 FAIRWINDS DR CITY-ST-ZIP: NOKOMIS, FL 34275</p>		<p><input type="checkbox"/> Delete</p>
<p>TITLE: TD NAME: GILMARTIN, MELINDA STREET ADDRESS: 109 CLIPPER WAY CITY-ST-ZIP: NOKOMIS, FL 34275</p>		<p><input type="checkbox"/> Delete</p>
<p>TITLE: AS NAME: MARKEL, JIM STREET ADDRESS: 1801 GLENGARY STREET CITY-ST-ZIP: SARASOTA, FL 34231</p>		<p><input type="checkbox"/> Delete</p>
<p>TITLE: VD NAME: REID, ROGER STREET ADDRESS: 403 KETCH WAY CITY-ST-ZIP: NOKOMIS, FL 34275</p>		<p><input checked="" type="checkbox"/> Delete</p>
<p>TITLE: AT NAME: SUTTON, WILLIAM STREET ADDRESS: 1801 GLENGARY STREET CITY-ST-ZIP: SARASOTA, FL 34231</p>		<p><input type="checkbox"/> Delete</p>
<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</p>		
<p>TITLE: PD NAME: MARTINS, LINDA STREET ADDRESS: 210 BRIGHTINE WAY CITY-ST-ZIP: NOKOMIS, FL 34275</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: VPD NAME: WARREN, DIANE STREET ADDRESS: 618 FAIRWINDS DR CITY-ST-ZIP: NOKOMIS, FL 34275</p>		<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: TD NAME: GILMARTIN, MELINDA STREET ADDRESS: 109 CLIPPER WAY CITY-ST-ZIP: NOKOMIS, FL 34275</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: AS NAME: MARKEL, JIM STREET ADDRESS: 1801 GLENGARY STREET CITY-ST-ZIP: SARASOTA, FL 34231</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: VD NAME: REID, ROGER STREET ADDRESS: 403 KETCH WAY CITY-ST-ZIP: NOKOMIS, FL 34275</p>		<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>
<p>TITLE: AT NAME: SUTTON, WILLIAM STREET ADDRESS: 1801 GLENGARY STREET CITY-ST-ZIP: SARASOTA, FL 34231</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>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.</p>		
<p><b>SIGNATURE:</b> </p>		<p>Jim MARKEL 3/13/08 941-921-5393 <small>Signature and Typed or Printed Name of Signing Officer or Director</small> <span style="float: right;">Date _____ Daytime Phone # _____</span></p>