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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 720636 (0)

1. Corporation Name

FAIR WIND APARTMENTS, INC.

Principal Place of Business

231 N B STREET APT 6  
LAKE WORTH FL 33460

Mailing Address

231 N B STREET APT 6  
LAKE WORTH FL 33460-3260



3. Date Incorporated or Qualified  
04/01/1971

3a. Date of Last Report  
02/07/1996

4. FEI Number  
44-0607856

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HARJU, OLIVER  
231 N B STREET #6  
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARJU, OLIVER	
STREET ADDRESS	231 N B ST APT 6	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PALO, JULIA	
STREET ADDRESS	231 N B ST	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KASKI, DAVID	
STREET ADDRESS	231 N. B STREET APT 14	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUNEKACK, GEORGE	
STREET ADDRESS	231 N. B STREET APT 9	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VIITA, IRENE	
STREET ADDRESS	231 N B STREET #8	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HENZLER, EARL	
STREET ADDRESS	231 NORTH B. ST.	
CITY-ST-ZIP	LAKE WORTH, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KARI MIKKOLA	
1.3 STREET ADDRESS	231 N. B STREET APT. 4	
1.4 CITY-ST-ZIP	LAKE WORTH, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KENNETH HAAPANEN	
2.3 STREET ADDRESS	231 N. B STREET APT. 13	
2.4 CITY-ST-ZIP	LAKE WORTH, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Oliver J. Harju*

Date Phone # e-mail address

CR2E037 (9/96)