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 MAR 15 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727693 (4)

1. Corporation Name
FAIRWINDS COVE, PHASE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3434 NE CAUSEWAY BLVD PO BOX 1293 JENSEN BEACH FL 34958	3434 NE CAUSEWAY BLVD PO BOX 1293 JENSEN BEACH FL 34958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1973
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-1580286 ☐ 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 (21)
2a. Mailing Address (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

~~KEN FIELDS~~
~~FREITAG, BERNHARD~~ 3-103
3472 N.E. CSWY BLVD., ~~#3-404~~
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name: KEN FIELDS
82 Street Address (P.O. Box Number is Not Acceptable): 3472 NE. CSWY BLVD 3-103
83
84 City: JENSEN BEACH FL 85 Zip Code: 34957

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: KENNETH A FIELDS — Kenneth A Fields — 3-7-95
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	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	KEN FIELDS	1.2 NAME	
STREET ADDRESS	FAIRWINDS COVE - 3 103	1.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DP Andrew Rush	2.1 TITLE	☐ Change ☐ Addition
NAME	~~LEWIS, DAVID~~	2.2 NAME	
STREET ADDRESS	FAIRWINDS COVE 1-403	2.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D Jack Taylor	3.1 TITLE	☐ Change ☐ Addition
NAME	~~CHURCH, HARRISON~~	3.2 NAME	
STREET ADDRESS	FIARWINDS COVE 1-204	3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, SARAH	4.2 NAME	
STREET ADDRESS	FAIRWINDS COVD 2-204	4.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	PD Richard Lindblom	5.1 TITLE	☐ Change ☐ Addition
NAME	~~FREITAG, BERNHARD~~ Sept	5.2 NAME	
STREET ADDRESS	FAIRWINDS COVE 3-404	5.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH . FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Kenneth A Fields KENNETH A FIELDS 2-22-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070043