## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT #

Principal Place of Business

STREET ADDRESS

1996

727693

Mailing Address

FAIRWINDS COVE, PHASE I CONDOMINIUM ASSOCIATION, INC.

3434 NE CAUSEWAY BLVD 3434 NE CAUSEWAY BLVD PO BOX 1293 PO BOX 1293 JENSEN BEACH FL 34958 JENSEN BEACH FL 34958 3a. Date of Last Report 3. Date Incorporated or Qualified 10/08/1973 03/15/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-1580286 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Florida Statutes Yes No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FIELDS, KEN Street Address (P.O. Box Number is Not Acceptable) 3472 N E CSWY BLVD 83 3-103 JENSEN BEACH FL 34957 Zip Code 84 City 85 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 517.0503, Florida Statutes. SIGNATURE ne of registered agent and title if applic (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change ☐ Addition DELETE 1.1 TITLE TITLE **KEN FIELDS** 1.2 NAME NAME **FAIRWINDS COVE - 3 103** 1.3 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE Church, Harrison ANDREW, RUSH 2.2 NAME NAME Fairwinds Cove 2-403 FAIRWINDS COVE 1-403 2.3 STREET ADDRESS STREET ADDRESS Jensey Beach, A. 10000 JENSEN BCH, FL 00000 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE TITLE 31 TITLE Schober, frank TAYLOR, JACK 3.2 NAME NAME Fairwinds Cove 1-404 RIARWINDS COVE 1-304 3.3 STREET ADDRESS STREET ADDRESS Jenson Beach, Pl. 00000 JENSEN BEACH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE 4.1 TITLE TITLE STEVENS, SARAH 4.2 NAME NAME FAIRWINDS COVD 2-204 4.3 STREET ADDRESS STREET ADDRESS JENSEN BCH, FL 00000 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE Desmont, Lorraine Fairwards Cove LINDBLOM, RICHARD 5.2 NAME NAME **FAIRWINDS COVE 3-304** 5.3 STREET ADDRESS STREET ADDRESS JENSEN BCH . FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition 61 TITLE TITLE 62 NAME NAME

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 cath; that I am an officer or director of the comoration of 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 man attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF

(12/95) **CR2E037**