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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 10/08/1973

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3472 NE Causeway Blvd	26 C/o Advantage Property Mgt
22 Suite, Apt. #, etc	27 PO Box 65
23 City & State: Jensen Beach	28 City & State: Jensen Beach, Fl
24 Zip: ~~34957~~ 25 Country: USA	29 Zip: 34958 30 Country

9. Name and Address of Current Registered Agent

FIELDS, KEN
3472 N E CSWY BLVD
3-103
JENSEN BEACH FL 34957

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FIELDS, KEN		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	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	CHURCH, HARRISON		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	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	RABOWSKI, JOSEPH		3.2 NAME	Scarbrough, John	
STREET ADDRESS	FAIRWINDS COVE 1-303		3.3 STREET ADDRESS	Fairwinds Cove 1-401	
CITY-ST-ZIP	JENSEN BEACH FL 34957		3.4 CITY-ST-ZIP	Jensen Beach FL 34957	
TITLE	SD	☐ DELETE	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	VPD	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	BELMONT, LORRAINE		5.2 NAME		
STREET ADDRESS	FAIRWINDS COVE 3-304		5.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BCH . FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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.

(561) 334-8900

SIGNATURE: X Sarah W. Stevens Sarah Stevens Secretary 2/27/98