

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90076 003 ****61.25

DOCUMENT # 727693

1. Corporation Name

FAIRWINDS COVE, PHASE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3472 NE CAUSEWAY BLVD
JENSEN BEACH FL 34957
US

Mailing Address

C/O ADVANTAGE PROPERTY MANAGEMENT
P. O. BOX 65
JENSEN BEACH FL 34958
US



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

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

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

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 **D** ☐ DELETE

NAME **FIELDS, KEN**
STREET ADDRESS **FAIRWINDS COVE - 3 103**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **VPD** ☐ DELETE

NAME **CHURCH, HARRISON**
STREET ADDRESS **FAIRWINDS COVE 1-403**
CITY-ST-ZIP **JENSEN BCH, FL 00000**

TITLE **TD** ☐ DELETE

NAME **SCARBROUGH, JOHN**
STREET ADDRESS **FAIRWINDS COVE 1-401**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **SD** ☒ DELETE

NAME **STEVENS, SARAH**
STREET ADDRESS **FAIRWINDS COVD 2-204**
CITY-ST-ZIP **JENSEN BCH, FL 00000**

TITLE **PD** ☐ DELETE

NAME **BELMONT, LORRAINE**
STREET ADDRESS **FAIRWINDS COVE 3-304**
CITY-ST-ZIP **JENSEN BCH . FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Andrew Rush SD
Fairwinds Cove 1-403
Jensen Beach FL 34957

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

Date

(561) 334-8900

Daytime Phone #

CR2E037 (1/98)