

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727693

1. Entity Name

FAIRWINDS COVE, PHASE I CONDOMINIUM ASSOCIATION,

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90006 005 ****61.25

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 34958-0065 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-1580286	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, KEN FAIRWINDS COVE - 3 103 JENSEN BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHURCH, HARRISON FAIRWINDS COVE 1-403 JENSEN BCH, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCARBROUGH, JOHN FAIRWINDS COVE 1-401 JENSEN BEACH FL 34957	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSH, ANDREW FAIRWINDS COVE 1-403 JENSEN BEACH FL 34957	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELMONT, LORRAINE FAIRWINDS COVE 3-304 JENSEN BCH . FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Scarborough John Fairwinds Cove 1-401 Jensen Beach FL 34957	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DeWolf, James Fairwinds Cove 3-403 Jensen Beach FL 34957	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/25/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)