2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # 744239

1. Ay Name
FA RWINDS COVE CONDOMINIUM ASSOCIATION OF



FILED

Mar 22, 2006 8:00 am Secretary of State 03-22-2006 90008 005 ****61.25

HUICHIN	ISON ISLAND, INC. Acc	IL .			-01:494		
Principal Place of Business 3422 N.E. CAUSEWAY BLVD JENSEN BEACH, FL 34957		Mailing Address 3422 N.E. CAUSEWAY BLVD JENSEN BEACH, FL 34957			\$0030340		
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2. Principal P	lace of Business	3. Mailing Address				<u> </u>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		022	12006 Chg-NP	CR2E037 (11/05)	
City & State	9	City & State			El Number 59-1950642	Applied For Not Applicable	
Zip	_ Country	Zip	Country	5 . C	ertificate of Status Des	ired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FORTE, LO	ORRAINE		Name				
1111 SE F STUART, I	EDERAL HWY SUITE 100 FL 34994		Street Address		(P.O. Box Number is Not Acceptable)		
			City			Zip Code	
						<u> </u>	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	s registered office of	registered age	ent, or both, in the State	of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent i	And title if applicable (NOT	TE: Registered Agent signat	re required when re	netating)	DATE	
<u> </u>	organica, spoot or printed ments or regulated agents	учения паррисация.		sta redolitos willerito		DATE	
.5	Filing Fee is \$61.25 Due by May 1, 2006		mpaign Financing Contribution.		May Be to Fees	Make check payable to Florida Department of State	
10.	•	Trust Fund (Adde	to Fees		
10. TITLE	Due by May 1, 2006 OFFICERS AND DIF	Trust Fund (Contribution. 11. TITLE	Li Adde	to Fees	Florida Department of State	
10. TITLE NAME	Due by May 1, 2006 OFFICERS AND DIF VPD RUSSELL, ROBERT	Trust Fund (11. TITLE NAME	Adde	to Fees	FFICERS AND DIRECTORS IN 10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 ephowered 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:

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