


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90006 050 ****61.25

DOCUMENT # 744239 1. Entity Name FAIRWINDS COVE CONDOMINIUM ASSOCIATION OF HUTCHINSON ISLAND, INC.					
Principal Place of Business 3422 N.E. CAUSEWAY BLVD JENSEN BEACH, FL 34957			Mailing Address 3422 N.E. CAUSEWAY BLVD JENSEN BEACH, FL 34957		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1950642	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FORTE, LORRAINE 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSELL, ROBERT 3442 NE CAUSEWAY BLVD 5-403 JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVENBARK, CARL 3432 NE CAUSEWAY BLVD #4-123 JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FILLIZOLA, THERESA 3412 NE CAUSEWAY BLVD #16-301 JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES, WILLIAM 3412 NE CAUSEWAY BLVD #16-404 JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, EILEEN 3432 NE CAUSEWAY BLVD #4-204 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTINIAN, ART 3442 NE CAUSEWAY BLVD #5-302 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALEY, JAMES 3432 NE CAUSEWAY BLVD #4-201 JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRADLEY, KATHLEEN 3462 NE CAUSEWAY BLVD #18-203 JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/26/07 Daytime Phone # _____		

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