

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90008 004 ****61.25

| | | | | | |
|--|--------------------------------------|---|--|---|--|
| DOCUMENT # 756036 1. Entity Name FAIRWINDS COVE RECREATION ASSOCIATION, INC. | | | | | |
| Principal Place of Business 3422 NE CAUSEWAY BLVD. JENSEN BEACH, FL 34957 | | | Mailing Address 1111 SE FEDERAL HIGHWAY STE 100 STUART, FL 34994 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2086319 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CORNETT, JANE L ESQ 401 E. OSCEOLA ST. STUART, FL 34994 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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, 2006 | | 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 | TD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | WILLIAMS, EILEEN | | NAME | GREENWALD, ROBERT | |
| STREET ADDRESS | 3432 NE CAUSEWAY BLVD #4-204 | | STREET ADDRESS | 3432 NE CAUSEWAY BLVD # 1-304 | |
| CITY-ST-ZIP | JENSEN BEACH, FL 34957 | | CITY-ST-ZIP | JENSEN BEACH, FL 34957 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | CASTELLANO, GEORGE | | NAME | ARTINIAN, ART | |
| STREET ADDRESS | 3382 NE CAUSEWAY BLVD #7-203 | | STREET ADDRESS | 3442 NE CAUSEWAY BLVD # 5-302 | |
| CITY-ST-ZIP | JENSEN BEACH, FL 34957 | | CITY-ST-ZIP | JENSEN BEACH, FL 34957 | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WINSHIP, KENT | | NAME | VPD | |
| STREET ADDRESS | 3482 NWE CAUSEWAY BLVD #2-303 | | STREET ADDRESS | | |
| CITY-ST-ZIP | JENSEN BEACH, FL 34957 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | RIVENBARK, CARL | | NAME | ATWOOD, ALICE | |
| STREET ADDRESS | 3432 NE CAUSEWAY BLVD #4-103 | | STREET ADDRESS | 3382 NE CAUSEWAY BLVD # 7-401 | |
| CITY-ST-ZIP | JENSEN BEACH, FL 34957 | | CITY-ST-ZIP | JENSEN BEACH, FL 34957 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SCARBROUGH, DEBORAH | | NAME | DALY, JOAN | |
| STREET ADDRESS | 3492 NE CAUSEWAY BLVD #1-401 | | STREET ADDRESS | 3382 NE CAUSEWAY BLVD 7-203 | |
| CITY-ST-ZIP | JENSEN BEACH, FL 34957 | | CITY-ST-ZIP | JENSEN BEACH, FL 34957 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <u>Kent Winship, VP</u> | | | 3/17/06 | | |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | |
| | | | Daytime Phone # | | |