

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90023 017 \*\*\*\*61.25

<b>DOCUMENT # 756036</b>					
<b>1. Entity Name</b> FAIRWINDS COVE RECREATION ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3422 NE CAUSEWAY BLVD. JENSEN BEACH, FL 34957			<b>Mailing Address</b> 1111 SE FEDERAL HIGHWAY STE 100 STUART, FL 34994 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2086319	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CORNETT, JANE L ESQ 401 E. OSCEOLA ST. STUART, FL 34994				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> SD	<b>NAME</b> SCARBROUGH, DEBORAH	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D	<b>NAME</b> Reid, Michael
<b>STREET ADDRESS</b> 3492 NE CAUSEWAY BLVD #1-401	<b>CITY-ST-ZIP</b> JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<b>STREET ADDRESS</b> 3382 NE CAUSEWAY BLVD # 9-204	<b>CITY-ST-ZIP</b> JENSEN BEACH, FL 34957
<b>TITLE</b> TD	<b>NAME</b> RIVERBARK, CARL	<input type="checkbox"/> Delete		<b>TITLE</b> VPD	<b>NAME</b> 
<b>STREET ADDRESS</b> 3432 NE CAUSEWAY BLVD #4-103	<b>CITY-ST-ZIP</b> JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> VPD	<b>NAME</b> WINSHIP, KENT	<input type="checkbox"/> Delete		<b>TITLE</b> PD	<b>NAME</b> 
<b>STREET ADDRESS</b> 3482 NWE CAUSEWAY BLVD #2-303	<b>CITY-ST-ZIP</b> JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> D	<b>NAME</b> ANDRESS, RODNEY	<input type="checkbox"/> Delete		<b>TITLE</b> TD	<b>NAME</b> 
<b>STREET ADDRESS</b> 34232 NE CAUSEWAY BLVD #4-404	<b>CITY-ST-ZIP</b> JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> PD	<b>NAME</b> DALY, JOAN	<input type="checkbox"/> Delete		<b>TITLE</b> SD	<b>NAME</b> 
<b>STREET ADDRESS</b> 3382 NE CAUSEWAY BLVD. #7-203	<b>CITY-ST-ZIP</b> JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>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.</b>					
<b>SIGNATURE:</b> <i>Joan M Daly</i>			3-17-08 772-334-8900		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		