2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 756229

Entity Name: FOUR WINDS BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2605 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

2605 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 59-2166984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YODER, NANCY
2605 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WALSH, JOSEPH	
Address:	168 FRIAR LN.	
City-St-Zip:	MCMURRAY, PA 15317	
Title:	VD	( ) Delete
Name:	WEBB, ROBERT P	
Address:	7425 LINKS CT.	
City-St-Zip:	SARASOTA, FL 34243	
Title:	TD	( ) Delete
Name:	TANNER, JOHN	
Address:	40 MANGO PLACE	
City-St-Zip:	TAVARES, FL 32778	
Title:	SD	( ) Delete
Name:	ERICKSON, PAUL M	
Address:	4518 S.E. WALNUT ST.	
City-St-Zip:	ARCADIA, FL 34266	
Title:	M	( ) Delete
Name:	YODER, NANCY	
Address:	2605 GULF OF MEXICO DR	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	D	( ) Delete
Name:	CUNNINGHAM, WILLIAM	
Address:	6685 DEERING CIRCLE	
City-St-Zip:	SARASOTA, FL 34240	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY YODER M 03/24/2009

Electronic Signature of Signing Officer or Director — Date