Apr-25-2005 10:35 From-BCM 72758635

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90076 038 ***150.00

DOCUMENT # J62385

1. Entity Name

FAIRWINDS PROPERTIES, INC.

Principal Place of Business	Mailing Address
455 N. INDIAN ROCKS RD, SUITE B LARGO FL 33770 US	455 N. INDIAN ROCKS RD, SUITE B LARGO FL 33770 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
1569 S. Ft. Harrison Ave	1569 S. Ft. Harrison Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33756 Country: USA	Zip: 33756 Country: USA

4. FEI Number 59-2811797 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VELTMAN, GREG
455 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS VELTMAN, GREG 455 N. INDIAN ROCKS RD, SUITE B BELLEAIR BLUFFS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP YOUSEF, KAL EL 455 N. INDIAN ROCKS RD, SUITE B BELLEAIR BLUFFS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BARODY, MICHAEL 455 N. INDIAN ROCKS RD, SUITE B BELLEAIR BLUFFS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TV BUCKLES, WILLIAM G. 455 N. INDIAN ROCKS RD, SUITE B BELLEAIR BLUFFS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VELTMAN, DAVID M. 455 N. INDIAN ROCKS RD, SUITE B BELLEAIR BLUFFS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: _____ 4/27/2005 (727) 449-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #