2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2007 8:00 am Secretary of State 03-05-2007 90045 045 ****70.00

DOCUMENT # N0200005573 1. Entity Name FAIRWINDS CONDOMINIUM, INCORPORATED					03-03-2007 90043 043 *** 70.00		
Principal Place of Business Mailing Address 19734 GULF BLVD 4616 W. BEACHPARK AVENU INDIAN SHORES, FL 33785 TAMPA, FL 33609			AVENUE	400)5888A		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4807 Bayshore Blvd.					
Suite, Apt. #, etc.		Suite Apt. #, etc.			ng-NP CR2E037 (12/06)		
City & State		Tampa, Florida		4. FEI Number 20-487057	2 Applied Fo		
Zip	Country	33611	USA Country	5. Certificate of St	atus Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Add	ress of New Registered Agent		
KRISTOPHER E. FERNANDEZ, P.A.			Name Street Ad	idress (P.O. Box Number is i	s (P.O. Box Number is Not Acceptable)		
114 S. FREMONT AVENUE TAMPA, FL 33606					Total Action Control of the Control		
\sqrt{k} .		City	FL Zip Code				
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or	registered agent, or both, in	the State of Florida. I am familiar with, and acc	cept	
the obligat	ions of registered agent.		-	- +			
SIGNATURE	• •						
	Signature, typed or printed name of registered agent	and title if applicable. (NO	E: Registered Agent signatur	re required when reinstating)	DATE	-	
	Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Ca	mpaign Financing	\$5.00 May Be Added to Fees	DATE Make check payable to Florida Department of State	-	
10.	Filing Fee Is \$61.25	9. Election Ca Trust Fund	mpaign Financing	\$5.00 May Be Added to Fees	Make check payable to	-	
TITLE	Filing Fee Is \$61.25 Due by May 1, 2007 OFFICERS AND DIE	9. Election Ca Trust Fund	mpaign Financing Contribution. [\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make check payable to Florida Department of State ES TO OFFICERS AND DIRECTORS IN 10	ddition	
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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 appliess, with all other like empowered.

SIGNATURE:

Jennifer Liu-Bouffard, CFD

02.27.07

B13.831.130D

Daytene Phone #