


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000007836	
1. Entity Name FOUR WINDS OF FLORIDA CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 575 S. WICKMAN ROAD SUITE E WEST MELBOURNE, FL 32904	Mailing Address 575 S. WICKMAN ROAD SUITE E WEST MELBOURNE, FL 32904
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01042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 20-1128002	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

CLARK, COY A
575 S. WICKMAN ROAD
SUITE E
WEST MELBOURNE, FL 32904

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000298122 04/11/05-80096-009 61.25
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME CLARK, COY A
STREET ADDRESS 575 S. WICKMAN ROAD, SUITE E	CITY-ST-ZIP WEST MELBOURNE, FL 32904
TITLE TD	NAME STARNES, SONJA
STREET ADDRESS 575 S. WICKMAN ROAD, SUITE E	CITY-ST-ZIP WEST MELBOURNE, FL 32904
TITLE SD	NAME CLARK, BRIGHAM
STREET ADDRESS 575 S WICKHAM RD STE E	CITY-ST-ZIP WEST MELBOURNE, FL 32904
TITLE VD	NAME CLARK, TABITHA
STREET ADDRESS 575 WICKHAM RD STE E	CITY-ST-ZIP WESTMELBOURNE, FL 32904
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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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 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: Coy A. Clark **3/5/05** **321-723-9888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #