

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90060 045 ****61.25

DOCUMENT # N02000007836						
1. Entity Name FOUR WINDS OF FLORIDA CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 575 S. WICKMAN ROAD SUITE E 2300 FRONT ST WEST MELBOURNE, FL 32904			Mailing Address 575 S. WICKMAN ROAD SUITE E 2300 FRONTS WEST MELBOURNE, FL 32904			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 20-1128002		
6. Name and Address of Current Registered Agent CLARK, COY A 575 S. WICKMAN ROAD SUITE E WEST MELBOURNE, FL 32904				7. Name and Address of New Registered Agent Name: DAVID DUNN Street Address (P.O. Box Number is Not Acceptable): 2300 FRONT ST City: MELBOURNE FL Zip Code: 32901		
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: DAVID DUNN <i>David Dunn</i> 2/19/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME CLARK, COY A		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 575 S. WICKMAN ROAD, SUITE E	CITY-ST-ZIP WEST MELBOURNE, FL 32904		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE T	NAME HELEY, CLARK		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 575 WICKMAN RD.	CITY-ST-ZIP MELBOURNE, FL 32904		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE SD	NAME CLARK, BRIGHAM		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 575 S WICKHAM RD STE E	CITY-ST-ZIP WEST MELBOURNE, FL 32904		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE VD	NAME CLARK, TABITHA		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 575 WICKHAM RD STE E	CITY-ST-ZIP WESTMELBOURNE, FL 32904		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
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.						
SIGNATURE: <i>Coy A. Clark</i>			2/19/08			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>			