

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007836

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** FOUR WINDS OF FLORIDA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

PRINCIPAL PLACE OF BUSINESS  
2300 FRONT ST  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**New Mailing Address:**

PRINCIPAL PLACE OF BUSINESS  
2300 FRONT ST  
MELBOURNE, FL 32901

**Current Mailing Address:**

575 S. WICKMAN ROAD  
2300 FRONT ST  
MELBOURNE, FL 32901

**FEI Number:** 20-1128002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNN, DAVID  
2300 FRONT ST  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

DUNN, DAVID  
2300 FRONT ST  
#301  
MELBOURNE, FL 32901 US

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:

02/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CLARK, COY A  
Address: 575 S. WICKMAN ROAD, SUITE E  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: T ( ) Delete  
Name: HELEY, CLARK  
Address: 575 WICKMAN RD.  
City-St-Zip: MELBOURNE, FL 32904

Title: SD ( ) Delete  
Name: CLARK, BRIGHAM  
Address: 575 S WICKHAM RD STE E  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: VD (X) Delete  
Name: CLARK, TABITHA  
Address: 575 WICKHAM RD STE E  
City-St-Zip: WESTMELBOURNE, FL 32904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: CLARK, COY A  
Address: 575 S. WICKMAN ROAD, SUITE E  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: SEC (X) Change ( ) Addition  
Name: MOLLEN, BONNIE  
Address: 165 MARLBORO ROAD  
City-St-Zip: SUDBURY, MA 01776

Title: TREA (X) Change ( ) Addition  
Name: DUNN, DAVID  
Address: 2300 FRONT ST #301  
City-St-Zip: MELBOURNE, FL 32901

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: DAVID DUNN

TREA

02/16/2009

Electronic Signature of Signing Officer or Director

Date