# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 01, 2002 8:00 am**
**Secretary of State**
05-01-2002 91542 049 ****61.25

DOCUMENT # N03530

1. Entity Name

WIND BREAKER CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 330507<br>ATLANTIC BEACH FL 32233-0507<br>US | P.O. BOX 330507<br>ATLANTIC BEACH FL 32233-0507<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Marvin Real Estate | Marvin Real Estate |
| Suite, Apt. #, etc.: 1835 N. 3rd. St. | Suite, Apt. #, etc.: P.O. Box 330026 |
| City & State: Jax Beach FL | City & State: Atlantic Beach FL. |
| Zip: 32250 Country: USA | Zip: 32233 Country: USA |

4. FEI Number 59-2569634 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MARVIN, SONIA M<br>1835 N. 3RD STREET<br>JACKSONVILLE BEACH FL 32250 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

SIGNATURE Sonia M Marvin 3-21-02

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

**FILE NOW: FEE IS $61.25**

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

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FITZPATRICK, KELLY<br>1028 N 4TH STREET 3-I<br>JACKSONVILLE BEACH FL 32250 | ☐ Delete | TD<br>Fitzpatrick, Kelly<br>1028 N. 4th St. #3I<br>Jacksonville FL. 32250 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ROBERTS, JOHN<br>3447 MEADOWVIEW DR<br>JACKSONVILLE FL 32225 | ☐ Delete | PD<br>Roberts, John<br>3947 Meadowview Dr. N.<br>Jacksonville FL. 32225 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>LIPPARD, J D<br>1028 N 4TH STREET 1-B<br>JACKSONVILLE BEACH FL 32250 | ☒ Delete | VD<br>Hinton, Michelle<br>1028 N. 4th St. #2F<br>Jacksonville FL 32250 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | SD<br>Stansfield, Christy<br>1028 N. 4th St. #1C<br>Jacksonville FL 32250 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** SIGNATURE REQUIRED 3-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #