

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001026

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** FAIRWINDS HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

24830 BURNT PINE DRIVE  
SUITE 2  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

10228 AVONLEIGH DR  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

24830 BURNT PINE DRIVE  
SUITE 2  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

PO BOX 366324  
BONITA SPRINGS, FL 34135

**FEI Number:** 20-0133155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BACKOS, CATHERINE A  
24830 BURNT PINE DRIVE  
SUITE 2  
BONITA SPRINGS, FL 34134 US

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

FLYNN, SUSAN K ESQ  
1343 MAIN ST.  
SUITE 700  
SARASOTA, FL 34236 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: SUSAN K FLYNN, ESQ.

03/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: HERSHENSON, BENJAMIN R  
Address: PO BOX 366324  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP,D  
Name: LYALL, GLEN S  
Address: PO BOX 366324  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D  
Name: DERY, RON  
Address: PO BOX 366324  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D  
Name: DUNNE-MARTIN, BONNIE  
Address: PO BOX 366324  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D  
Name: FLYNN, SUSAN K  
Address: 1343 MAIN ST., SUITE 700  
City-St-Zip: SARASOTA, FL 34236

Title: S  
Name: LEE, JAN  
Address: PO BOX 366324  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: SUSAN K FLYNN, ESQ

D

03/21/2012

Electronic Signature of Signing Officer or Director

Date