

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04216

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** FOUR WINDS MARINA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

16601 STRINGFELLOW RD  
BOKEELIA, FL 33922

**New Principal Place of Business:**

**Current Mailing Address:**

12185 HARRY ST  
BOKEELIA, FL 33922

**New Mailing Address:**

**FEI Number:** 59-2635791

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRAUND, SALLY  
12185 HARRY STREET  
BOKEELIA, FL 33922 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: TALASKY, RANDY  
Address: 9211 COBB ROAD  
City-St-Zip: RIVERVIEW, FL 33569 49

Title: D  
Name: DAVIS, FRED  
Address: PO BOX 626  
City-St-Zip: BOKEELIA, FL 33922

Title: D  
Name: ROOK, ELEMER W  
Address: 511 ELMA MEADOW LANE  
City-St-Zip: ELMA, NY 14059

Title: PSTD  
Name: BUFF, SUSAN  
Address: 2437 LEELAWOING RD  
City-St-Zip: LINCOLNTON, NC 28092

Title: D  
Name: HERELEY, SUE  
Address: 610 OLD ORCHARD ROAD  
City-St-Zip: HARVARD, IL 6003

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 BUFF

PSTD

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date