

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47286

FILED  
Apr 20, 2006  
Secretary of State

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

**Current Principal Place of Business:**

16501 STRINGFELLOW ROAD  
BOKEELIA, FL 33922

**New Principal Place of Business:**

**Current Mailing Address:**

5509 PINE ISLAND RD NW  
BOKEELIA, FL 33922 US

**New Mailing Address:**

**FEI Number:** 65-0710394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRAUND, SALLY  
12185 HARRY ST  
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: PD ( ) Delete  
Name: HAMILTON, RICHARD  
Address: 5423 PINEDALE HEIGHTS  
City-St-Zip: RAPID CITY, SD 57702

Title: VD ( ) Delete  
Name: DWAYNE, BLAIR  
Address: 679 W. 24TH AVE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete  
Name: DOROUGH, JAMES JR  
Address: 844 MALLARD COVE  
City-St-Zip: HARRODSBURG, KY 40330

Title: D ( ) Delete  
Name: MARTIN, SHORT  
Address: 21206 CR 561  
City-St-Zip: CLERMONT, FL 34711

Title: STD ( ) Delete  
Name: POLICKY, DON  
Address: HC PO BOX 868-35 17800 LITTLE ELK  
City-St-Zip: PIEDMONT, SD 57769

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DON POLICKY

STD

04/20/2006

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

\_\_\_\_\_  
Date