

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90046 020 ****61.25

DOCUMENT # N47286					
1. Entity Name FOUR WINDS MARINA NORTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 16501 STRINGFELLOW ROAD BOKEELIA, FL 33922			Mailing Address 5509 PINE ISLAND RD NW BOKEELIA, FL 33922 US		
2. Principal Place of Business - No P.O. Box # 16621 Stringfellow Rd		3. Mailing Address 12185 Harry St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Bokeelia FL		City & State Bokeelia FL		4. FEI Number 65-0710394	
Zip 33922		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRAUND, SALLY 12185 HARRY ST BOKEELIA, FL 33922			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE PD NAME HAMILTON, RICHARD STREET ADDRESS 5423 PINEDALE HEIGHTS CITY-ST-ZIP RAPID CITY, SD 57702	<input checked="" type="checkbox"/> Delete				
TITLE VD NAME DWAYNE, BLAIR STREET ADDRESS 679 W. 24TH AVE CITY-ST-ZIP OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete				
TITLE D NAME DOROUGH, JAMES JR STREET ADDRESS 844 MALLARD COVE CITY-ST-ZIP HARRODSBURG, KY 40330	<input type="checkbox"/> Delete				
TITLE D NAME MARTIN, SHORT STREET ADDRESS 21206 CR 561 CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete				
TITLE STD NAME POLICKY, DON STREET ADDRESS HC PO BOX 868-35 17800 LITTLE ELK CITY-ST-ZIP PIEDMONT, SD 57769	<input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE D NAME Gene Engle STREET ADDRESS 432 Eunice Rd CITY-ST-ZIP Lakeland, FL 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE PD NAME Dwayne Blair STREET ADDRESS 679 W. 24th ave. CITY-ST-ZIP Okeechobee, FL 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME Richard Kellogg STREET ADDRESS 7767 Forestry Dr. CITY-ST-ZIP Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE STD NAME Martin Short STREET ADDRESS 21206 CR 561 CITY-ST-ZIP Clermont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/20/08					
Daytime Phone #: 407-948-4434					