2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90039 028 ****61.25

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1. Entity Name
FAIRWINDS CONDOMINIUM, INCORPORATED

Principal Place of Business	Mailing Address
19734 GULF BLVD INDIAN SHORES, FL 33785	4807 BAYSHORE BLVD. SUITE 101 TAMPA, FL 33611

02182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	553 S. DUNCAN AVE Suite, Apt. #, etc.
City & State	City & State: CLEARWATER FL
Zip / Country	Zip: 33756 Country: Pinellas

4. FEI Number: 20-4870572 ☐ 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
KRISTOPHER E. FERNANDEZ, P.A. 114 S. FREMONT AVENUE TAMPA, FL 33606	Name: JULIA E GALPIN Street Address (P.O. Box Number is Not Acceptable): 553 S. DUNCAN AVE City: CLEARWATER FL Zip Code: 33756

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: Julia E Galpin 3/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MURRAY, GREGORY 4616 W. BEACH PARK DRIVE TAMPA, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS MCMURRAY, GRAEME 2103 CLIMBLING IVY DR. TAMPA, FL 33618	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS MEZACK MICHAEL 14707 WATERCHASE BLVD TAMPA FL 33626 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOODE, HENRY C JR 440 GLENCOURTNEY DR. ATLANTA, GA 30328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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] MARCIT 3/13/08 813-282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8122