

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **722651** (7)

1. Corporation Name
EAST WIND ASSOCIATION, INC.



Principal Place of Business: **4505 SOUTH ATLANTIC AVENUE PONCE INLET FL 32127**
Mailing Address: **4505 SOUTH ATLANTIC AVENUE PONCE INLET FL 32127**

3. Date Incorporated or Qualified: **02/10/1972**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-1509633**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HURST, OLIVA A
4505 S. ATLANTIC AVE.
PONCE INLET FL 32127**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MATTER, S.K. JR.	
STREET ADDRESS	271 TORPOINT GATE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	ARMSTEAD, ROBERT	
STREET ADDRESS	3149 CECILIA DR	
CITY-ST-ZIP	APOPLA FL	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	RICE, KENNETH G.	
STREET ADDRESS	145 N. SPRING LAKE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BONSTEEL, FRED	
STREET ADDRESS	807 HAVENWOOD DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILL, JOHN W.	
STREET ADDRESS	1922 MAPLE LEAF DRIVE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPRATTE, GERALD	
STREET ADDRESS	2874 SYLVAN RAMBLE RD. N.E.	
CITY-ST-ZIP	ATLANTA GA 30345	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	W. A. SMITH	
1.3 STREET ADDRESS	5300 E. GRANT ST.	
1.4 CITY-ST-ZIP	ORLANDO, FL. 32812	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SEC.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOAN RAY	
5.3 STREET ADDRESS	3175 LAKE ANDERSON AVE.	
5.4 CITY-ST-ZIP	ORLANDO, FL 32812	
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROSALINE SILVESTRI	
6.3 STREET ADDRESS	11825 DANESWOOD CT.	
6.4 CITY-ST-ZIP	ORLANDO, FL 32821	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann Hurst* **ANN HURST** 1-30-96 904-767-7561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)