

FILE NOW: FILING FEE IS \$61.25

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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32127-7022
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/10/1972	3a. Date of Last Report 02/02/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1509633	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HURST, OLMA A 4505 S. ATLANTIC AVE. PONCE INLET FL 32127		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, W A		1.2 NAME	
STREET ADDRESS 5300 EAST GRANT STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ARMSTEAD, ROBERT		2.2 NAME BAIK, DAVID	
STREET ADDRESS 3149 CECILIA DR		2.3 STREET ADDRESS 466 DEVON PLACE	
CITY-ST-ZIP APOPLA FL		2.4 CITY-ST-ZIP HEATHROW, FL 32746	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RICE, KENNETH G.,		3.2 NAME FRATANGELO, LYNN	
STREET ADDRESS 145 N. SPRING LAKE DRIVE		3.3 STREET ADDRESS 4505 S. ATLANTIC AVE UNIT 6E SOUTH	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714		3.4 CITY-ST-ZIP PONCE INLET, FL 32127	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BONSTEEL, FRED		4.2 NAME	
STREET ADDRESS 807 HAVENWOOD DR		4.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		4.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAY, JOAN		5.2 NAME GAUL, ROBERT	
STREET ADDRESS 3175 LAKE ANDERSON AVENUE		5.3 STREET ADDRESS 1209 OXBO LANE	
CITY-ST-ZIP ORLANDO FL		5.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SYLVESTERI, ROSALINE		6.2 NAME Seibert, Richard	
STREET ADDRESS 11825 DANESWOOD COURT		6.3 STREET ADDRESS 8585 Seven Springs Rd	
CITY-ST-ZIP ORLANDO FL		6.4 CITY-ST-ZIP BATAVIA, NY 14020	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Olivia Ann Hurst 1-20-97 904-767-7561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 10002820

CR2E037 (9/96)