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Apr 30, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722651

1. Corporation Name
EAST WIND ASSOCIATION, INC.

455305 - 90039 - 18

Principal Place of Business 4505 SOUTH ATLANTIC AVENUE PONCE INLET FL 32127	Mailing Address 4505 SOUTH ATLANTIC AVENUE PONCE INLET FL 32127
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/10/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1509633
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HURST, OLIVIA A
4505 S. ATLANTIC AVE.
PONCE INLET FL 32127

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, W A	
STREET ADDRESS	5300 EAST GRANT STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BALK, DAVID	
STREET ADDRESS	466 DEVON PLACE	
CITY-ST-ZIP	HEATHROW FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRATANGELO, LYNN	
STREET ADDRESS	4505 S ATLANTIC AVE UNIT 6E SOUTH	
CITY-ST-ZIP	PORXE INLET FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BONSTEEL, FRED	
STREET ADDRESS	807 HAVENWOOD DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAUL, ROBERT	
STREET ADDRESS	1209 OXBO LANE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEIBERT, RICHARD	
STREET ADDRESS	8585 SEVEN SPRINGS RD	
CITY-ST-ZIP	BATAVIA NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	DAVID WALLWORK
3.3 STREET ADDRESS	4505 S. ATLANTIC AVE UNIT 5A South
3.4 CITY-ST-ZIP	PONCE INLET, FL 32127
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T BILL Bouknight
6.3 STREET ADDRESS	308 Neely Ferry Road
6.4 CITY-ST-ZIP	Simpsonville, SC 29681

14. I 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, with all other like empowered.

SIGNATURE: **OLIVIA A. HURST* SIGNATURE REQUIRED *OLIVIA A. HURST* 4/28/90 904-767-7561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)