

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90181 045 ****61.25

DOCUMENT # 722651

1. Entity Name

EAST WIND ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4505 SOUTH ATLANTIC AVENUE
 PONCE INLET FL 32127

4505 SOUTH ATLANTIC AVENUE
 PONCE INLET FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1509633

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

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D SMITH, W A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5300 EAST GRANT STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE NAME	S BALK, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	466 DEVON PLACE	
CITY-ST-ZIP	HEATHROW FL	
TITLE NAME	P WALLWORK, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	4505 S ATLANTIC AVE UNIT 6E SOUTH	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE NAME	VP BONSTEEL, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	807 HAVENWOOD DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE NAME	T GAUL, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	1209 OXBO LANE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE NAME	D SULLIVAN, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5730 SATEL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	

TITLE NAME	DIRECTOR WM. ORANGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	103 TAYLOR LANE	
CITY-ST-ZIP	ST. SIMONS ISLAND, GA 31522	
TITLE NAME	DIRECTOR TOM TURO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1660 DIANA DRIVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	DIRECTOR CAULIE OGBURN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4505 S. ATLANTIC AVE # 205	
CITY-ST-ZIP	PONCE INLET, FL. 32127	

12. 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 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: *David Wallwork* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 25, 2001

CR2E037 (10/00)