

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90095 029 ****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**

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 PONCE INLET FL 32127**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1509633

Applied For

Not Applicable

Zip

Country

Zip

Country

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 Olivia A. Hurst

1-11-02

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	D	<input checked="" 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	468 DEVON PLACE	
CITY-ST-ZIP	HEATHROW FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WALLWORK, DAVID	
STREET ADDRESS	4505 S ATLANTIC AVE UNIT 6E SOUTH	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BONSTEEL, FRED	
STREET ADDRESS	807 HAVENWOOD DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<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	SULLIVAN, MICHAEL	
STREET ADDRESS	5730 SATEL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	

TITLE	DAVID BALK, PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1550 CHERRY LAKE WAY	
STREET ADDRESS	HEATHROW, FL	
CITY-ST-ZIP	HEATHROW, FL	
TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS TURD	
STREET ADDRESS	1660 DIANA DR.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT PEUGH	
STREET ADDRESS	1022 BLOOMDALE ST.	
CITY-ST-ZIP	LAS CRUCES, N.M. 88005	
TITLE	V-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WM. ORANGE	
STREET ADDRESS	103 TAYLOR LANE	
CITY-ST-ZIP	ST. SIMONS IS. GA 31522	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAULIE OGBURN	
STREET ADDRESS	4505 S. ATLANTIC AVE	
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 BALK

1-11-02

386-767-7561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/01)