

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722651

FILED  
Jun 16, 2010  
Secretary of State

**Entity Name:** EAST WIND ASSOCIATION, INC.

**Current Principal Place of Business:**

4505 SOUTH ATLANTIC AVENUE  
PONCE INLET, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

4505 SOUTH ATLANTIC AVENUE  
PONCE INLET, FL 32127

**New Mailing Address:**

FEI Number: 59-1509633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MISLEH, YVONNE D  
4505 S. ATLANTIC AVE.  
PONCE INLET, FL 32127 US

**Name and Address of New Registered Agent:**

TREADAWAY, CYNTHIA L MANAGER  
4505 S. ATLANTIC AVE.  
PONCE INLET, FL 32127 US

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: CYNTHIA L. TREADAWAY

06/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SEC  
Name: TURO, TOM  
Address: 1660 DIANA DR  
City-St-Zip: WINTER PARK, FL 32789

Title: PRES  
Name: POUZAR, SUSAN L  
Address: PO BOX 4288  
City-St-Zip: ENTERPRISE, FL 32725

Title: TRES  
Name: FORMASAND, PETER  
Address: 6719 BEL GLADE PL  
City-St-Zip: SANFORD, FL 32771

Title: VP  
Name: THOMPSON, MICHAEL  
Address: 4514 CAPERS CROSSING  
City-St-Zip: NORCROSS, GA 30092

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN L. POUZAR

PRES

06/16/2010

Electronic Signature of Signing Officer or Director

Date