

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724620 (0)

1. Corporation Name

SEA WINDS OWNERS ASSOCIATION, INC.



900001781879
-04/16/96--01044--013
***61.25

Principal Place of Business

Mailing Address

6703 MIDNIGHT PASS RD
SARASOTA FL 34242

6703 MIDNIGHT PASS ROAD
SARASOTA FL 34242
US

3. Date Incorporated or Qualified
10/24/1972

3a. Date of Last Report
07/07/1995

2. Principal Place of Business

2: Condominium Management, Inc.
1801 Glengary Street
Sarasota, FL 34231-3603

Condominium Management, Inc.
1801 Glengary Street
Sarasota, FL 34231-3603

4. FEI Number
59-1631034

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSA, ANTHONY L
6703 MIDNIGHT PASS ROAD, 211
SARASOTA FL 34242

81 Name
82 Street
83
84 City

Condominium Management, Inc.
1801 Glengary Street
Sarasota, FL 34231-3603

9 Code

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 617.0501, Florida Statutes.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Richard Clark

4/4/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/>
NAME	STRAKA, JAY		
STREET ADDRESS	1309 FAIRBANKS DRIVE		
CITY-ST-ZIP	CARMEL ID		
TITLE	SD	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/>
NAME	DOLAN, BERNADETTE		
STREET ADDRESS	6703 MIDNIGHT PASS RD		
CITY-ST-ZIP	SARASOTA FL		
TITLE	T	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/>
NAME	FELLOWS, FLOYD		
STREET ADDRESS	6703 MIDNIGHT PASS ROAD		
CITY-ST-ZIP	SARASOTA FL		
TITLE	T	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/>
NAME	THORNTON, LINDA D		
STREET ADDRESS	6703 MIDNIGHT PASS ROAD, 210		
CITY-ST-ZIP	SARASOTA FL		
TITLE	D	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/>
NAME	MALEK, ED		
STREET ADDRESS	264 RIVER ISLES		
CITY-ST-ZIP	BRADENTON FL		
TITLE		<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Malek, Edward		
1.3 STREET ADDRESS	264 River Isles		
1.4 CITY-ST-ZIP	Bradenton, FL 34208		
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Guiducci, William		
2.3 STREET ADDRESS	7166 Wood Creek Drive		
2.4 CITY-ST-ZIP	Sarasota, FL 34231		
3.1 TITLE	TD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Fellows, Floyd		
3.3 STREET ADDRESS	6703 Midnight Pass Rd., #113		
3.4 CITY-ST-ZIP	Sarasota, FL 34242		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Thornton, Linda		
4.3 STREET ADDRESS	6703 Midnight Pass Rd., #210		
4.4 CITY-ST-ZIP	Sarasota, FL 34242		
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	Straka, Jay		
5.3 STREET ADDRESS	1309 Fairbanks Dr.		
5.4 CITY-ST-ZIP	Carmel, IN 46032		
6.1 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	Clark, P. Richard		
6.3 STREET ADDRESS	1801 Glengary Street		
6.4 CITY-ST-ZIP	Sarasota, FL 34231		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Clark

4/4/96

941-921-5393

Daytime Phone #

CR2E037 (12/95)