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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724620

1. Corporation Name

SEA WINDS OWNERS ASSOCIATION, INC.

Principal Place of Business

CONDOMINIUM MGMT., INC
1801 GLENGARY ST.
SARASOTA FL 34231-3603

Mailing Address

CONDOMINIUM MGMT., INC
1801 GLENGARY ST.
SARASOTA FL 34231-3603



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

10/24/1972

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

9. Name and Address of Current Registered Agent

CONDOMINIUM MGMT., INC
1801 GLENGARY ST.
SARASOTA FL 34231-3603

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD DELETE
NAME STRAKA, JAY
STREET ADDRESS 1309 FAIRBANKS DRIVE
CITY-ST-ZIP CARMEL ID 46032

TITLE TD DELETE
NAME FELLOWS, FLOYD
STREET ADDRESS 6703 MIDNIGHT PASS ROAD, #113
CITY-ST-ZIP SARASOTA FL 34242

TITLE PD DELETE
NAME THORNTON, LINDA D
STREET ADDRESS 6703 MIDNIGHT PASS ROAD, 210
CITY-ST-ZIP SARASOTA FL 34242

TITLE D DELETE
NAME MALEK, EDWARD
STREET ADDRESS 264 RIVER ISLES
CITY-ST-ZIP BRADENTON FL 34208

TITLE AS DELETE
NAME CLARK, RICHARD
STREET ADDRESS 1801 GLENGARY ST.
CITY-ST-ZIP SARASOTA FL 34231

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SEE ATTACHED

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:

P. Richard Clark
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

P. RICHARD CLARK

(941) 921-5393
Daytime Phone #

CR2E037 (11/98)

