

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
 03-06-2001 90014 014 ****61.25

DOCUMENT # 724620

1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1631034	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent CONDOMINIUM MGMT., INC 1801 GLENGARY ST. SARASOTA FL 34231-3603		7. Name and Address of New Registered Agent Name Argus Property Mgmt Street Address (P.O. Box Number is Not Acceptable) 1200 Siesta Bayside Dr. City Sarasota FL Zip Code 34242	
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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 *Shawn L. Fitzer, CAM Agent* *2/10/01*
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALEK, EDWARD 264 RIVER ISLES BRADENTON FL 34208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ed Stebner 432 S. Shore Dr. Osprey, FL 34229 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENNER, JOHN A 407 MILL FARM ROAD NOBLESVILLE IN 46060 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jay Straka 8525 Country Meadow Dr. Indianapolis, IN 46234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THORNTON, LINDA D 6703 MIDNIGHT PASS ROAD, 210 SARASOTA FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, S Cathy Retick 46 East Market St German town, OH 45327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALEK, EDWARD 264 RIVER ISLES BRADENTON FL 34208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bernadette Dolan-Bennett 6703 Midnight Pass Rd #216 Sarasota, FL 34242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLARK, RICHARD 1801 GLENGARY ST. SARASOTA FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Shawn L. Fitzer* *02-26-01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)