

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90247 028 ****61.25

DOCUMENT # 724620					
1. Entity Name SEA WINDS OWNERS ASSOCIATION, INC.					
Principal Place of Business SEAWINDS CONDOMINIUM 6703 MIDNIGHT PARK RD SARASOTA, FL 34242			Mailing Address 2477 STICKNEY PT RD STE 118A SARASOTA, FL 34231		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1631034	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ARGUS PROPERTY MGMT 2477 STICKNEY POINT RD #118A SARASOTA, FL 34231				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANERMEULEN, RITA		NAME		
STREET ADDRESS	28 CEDAR RIDGE DR.		STREET ADDRESS		
CITY-ST-ZIP	W. SENECA, NY 14227		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, LINDA D		NAME		
STREET ADDRESS	6703 MIDNIGHT PASS ROAD, 210		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RETICH, CATHY		NAME		
STREET ADDRESS	46 E MARKET ST		STREET ADDRESS		
CITY-ST-ZIP	GERMANTOWN, OH 45327		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINZ, CINDY		NAME		
STREET ADDRESS	646 LEDDY RD		STREET ADDRESS		
CITY-ST-ZIP	SAGINAW, MI 48609		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYRAKA, JAY		NAME		
STREET ADDRESS	8525 COUNTRY MEADOW DR		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, IN 46234		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorleen #1161g		NAME		
STREET ADDRESS	6703 Midnight Pass Rd, 201		STREET ADDRESS		
CITY-ST-ZIP	Sarasota, FL 34242		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Cynthia Heinz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	



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