FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

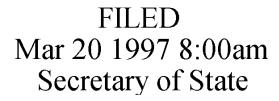
DOCUMENT # 743324

(6)

SEAWINDS OF NEW SMYRNA BEACH OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address





	s. Atlantk Smyrna be	C AVENUE ACH FL 32169	4875 S. ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169-4401			Date incorporated or Qualified	3a. Date of Las	Report	
]						06/20/1978	03/18/19		
2.	Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For	
21	26					59-2362781		Not Applicable	
22	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	5. Certificate of Status Desired S8.75 Additional Fee Required		
23	City & State		City & State			Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees	
24	Zφ	Country 25	Z(p 29	30 Cou	ntry		Yes No	s. 199.032,	
·		9. Name and Address of Cu	rrent Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent		
ì				1	81 Name				
GILLESPIE, W. M. 233 NORTH CAUSEWAY						82 Street Address (P.O. Box Number is Not Acceptable)			
	new Smy	rna beach fl			83				
<u></u>					84 City		FL 85 Zi	p Code	
11.	office or n	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the of	tate of Florida. Such change was	authorized	I by the cor	I corporation submits this statement for the proporation's board of directors. I hereby acce	ourpose of changing of the appointment	its registered as registered	
SIC	GNATURE _						,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
12.		Signature typed or pented name of registation OFCIOFOS	AND DIRECTORS (NC	TE: Hegistered	Agen! signatur	e required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PERS AND DIRECT	DRS INL12	
Tri		PD	AND DIRECTORS DELETE	1,1 10		ADDITIONAL PRIVATES TO OFFICE	Chano		
NAN	i	HALE, LESTER		1.2 NA					
	ELL ADORESS	4875 S ATLANTIC AVE			REET ADDRESS	1			
	Y-ST-ZIP	NEW SMYRNA BCH. FL		1	Y-ST-ZIP	1			
3117		TD	☐ DELE1E	2.1 (1)			Chang	Addition	
NAM	AE	CARUSO JR, AUSTIN		2.2 NA	ME				
STR	EET ADDRESS	2024 COMPANERO AVE		2351	REET ADDRESS				
CITY	Y-ST-ZIF	ORLANDO FL		2 4 0	TY-ST-71P				
THE	.E	VD	☐ DELETE	3.1 111	LE		☐ Chang	Addition	
NAM	AE [FRIDRICH, GERALD		3.2 NA	ME	1			
STR	FET ADDRESS	2909 POSTON AVE		3.3 ST	reet address	İ			
	Y - S1 - 71F	NASHVILLE TN			TY-ST-ZIP			"-T-1-"	
וויו		SD	DELETE	4.1 70			☐ Chang	e Addition	
NAM	[WOOLF, DON A		4. 2 N					
ĺ	EET ADDRESS	8017 CARLTON RD			REET ADDRESS	Į.			
	Y - ST - 71P	RIVERDALE GA	DELETE		Y-ST-ZIP	 	[][Addition	
Dit	ì		CT DETELE	51 117		1	L Chang	Addition	
NAM	1			5.2 NA					
	EET ADDHESS			1	REET ADDRESS				
	r-ST-ZIP		Dones		Y-ST-ZIP		[] Ob	a water -	
701	(☐ DELETE	6.1 7/1		1	[] Chang	Addition	
NAN				62 NA					
SIR	SET ADDRESS			6.3 ST	reet address				

4. I do hereby certify that the intermation supplied with this filling 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 peceiver or frustee 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, of organ attachment with an address.

SIGNATURE:

TITUL CHALLES - LESTEL HAY GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-17-97

904 427 8650 Daylinio Phone Boog 188