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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 743324

1. Corporation Name

SEAWINDS OF NEW SMYRNA BEACH OWNERS ASSOCIATION, INC.

Principal Place of Business

4875 S. ATLANTIC AVENUE
 NEW SMYRNA BEACH FL 32169

Mailing Address

4875 S. ATLANTIC AVENUE
 NEW SMYRNA BEACH FL 32169



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

06/20/1978

4. FEI Number

59-2362781

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

GILLESPIE, W. M.
233 NORTH CAUSEWAY
NEW SMYRNA BEACH FL

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 PD DELETE
 NAME HALE, LESTER
 STREET ADDRESS 4875 S ATLANTIC AVE
 CITY-ST-ZIP NEW SMYRNA BCH. FL

TITLE TD DELETE
 NAME CARUSO JR, AUSTIN
 STREET ADDRESS 2024 COMPANERO AVE
 CITY-ST-ZIP ORLANDO FL

TITLE VD DELETE
 NAME FRIDRICH, GERALD
 STREET ADDRESS 2909 POSTON AVE
 CITY-ST-ZIP NASHVILLE TN

TITLE SD DELETE
 NAME WOOLF, DON A
 STREET ADDRESS 8017 CARLTON RD
 CITY-ST-ZIP RIVERDALE GA

TITLE D DELETE
 NAME MIMS, RICHARD
 STREET ADDRESS 1390 W LAKESHORE DR
 CITY-ST-ZIP CLERMONT FL 32711

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

SD
FLORENCE CURTIS
4875 S ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169

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

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99 Date
 904 4278650 Daytime Phone #

CR2E037 (11/98)