

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90148 031 \*\*\*\*61.25

**DOCUMENT # 743324**

1. Entity Name

**SEAWINDS OF NEW SMYRNA BEACH OWNERS ASSOCIATION,**

*f*

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2362781**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD HALE, LESTER	4875 S ATLANTIC AVE NEW SMYRNA BCH. FL					
	TD CARUSO JR, AUSTIN	2024 COMPANERO AVE ORLANDO FL					
	VD FRIDRICH, GERALD	2909 POSTON AVE NASHVILLE TN					
	SD CURTIS, FLORENCE	4875 "A" S. ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169					
	D MIMS, RICHARD	1390 W LAKESHORE DR CLERMONT FL 32711					

CR2E037 (5/00)

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:

*Richard Mims*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00

Date

904 427 8650

Daytime Phone #