

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91364 046 ****61.25

DOCUMENT # 743324

1. Entity Name

SEAWINDS OF NEW SMYRNA BEACH OWNERS ASSOCIATION,

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2362781**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

TITLE **TD** Delete
 NAME **CURTIS, FLORENCE**
 STREET ADDRESS **4875 'A' S ATLANTIC AVE**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

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

TITLE **SD** Delete
 NAME **WOOLF, DON**
 STREET ADDRESS **ROUTE 1 BOX 62**
 CITY-ST-ZIP **SOPERTON GA 30457**

TITLE **D** Delete
 NAME ~~**KUTHA, JOHN**~~
 STREET ADDRESS ~~**4875 'F' S ATLANTIC AVE**~~
 CITY-ST-ZIP ~~**NEW SMYRNA BEACH FL 32169**~~

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Signature Required

5-10-01 904-427-6178

CR2E037 (10/00)