

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90019 030 ****61.25

DOCUMENT # 743324

1. Entity Name

SEAWINDS OF NEW SMYRNA BEACH OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4875 S. ATLANTIC AVENUE
 NEW SMYRNA BEACH FL 32169

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

Zip

Country

Zip

Country

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

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

TITLE: Change Addition
 NAME: **President Don A. Woolf**
 STREET ADDRESS: **RR1 Box 62**
 CITY-ST-ZIP: **Soperton, GA 30457**

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

TITLE: Change Addition
 NAME: **Treasurer W. Robert Wheeler**
 STREET ADDRESS: **3288 Page Ave. #910**
 CITY-ST-ZIP: **Virginia Beach, VA 23451**

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

TITLE: Change Addition
 NAME: **Secretary Darrell Shea**
 STREET ADDRESS: **818 Oak Street**
 CITY-ST-ZIP: **Orlando, FL 32804**

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

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 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 life empowered.

SIGNATURE:

Don A. Woolf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

912-579-4927
 Daytime Phone #

CR2E037 (9/01)