


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 743324**

1. Entity Name  
**SEAWINDS OF NEW SMYRNA BEACH OWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

4875 S. ATLANTIC AVENUE      4875 S. ATLANTIC AVENUE  
 NEW SMYRNA BEACH, FL 32169      NEW SMYRNA BEACH, FL 32169

**DO NOT WRITE IN THIS SPACE**



03212005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**59-2362781**      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**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when rehashing)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WOOLF, DON A ROUTE 1, BOX 62 SOPERTON, GA 30457
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FRIDRICH, GERALD 2909 POSTON AVE NASHVILLE, TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHEA, DARRELL 818 OAK STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WHEELER, ROBERT W 3288 PAGE AVE. N. 910 VIRGINIA BEACH, VA 23457
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100001275273  
 03/24/05-80043-015 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 names empowered.

SIGNATURE: *K. A. Wolf - President*      3/24/05 912-579-4927  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #