


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A.**  
**Secretary of State**

**DOCUMENT # 743324**

1. Entity 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
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**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2362781</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DARRELL, SHEA J**  
**818 OAK ST**  
**ORLANDO, FL 32804**

**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 re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	

U00000698483  
 04/19/07-80004-013 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Don A. Woolf - Pres.* 4/4/07 90-529-4927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #