2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# 743324

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

Current Principal Place of Business:

4875 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

4875 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-2362781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WOOLF, DON A
Address: ROUTE 1 BOX 62
City-St-Zip: SOPERTON, GA 30457

Title: VP ( ) Delete
Name: FRIDRICH, GERALD
Address: 2909 POSTON AVE
City-St-Zip: NASHVILLE, TN

Title: S ( ) Delete
Name: SHEA, DARRELL
Address: 818 OAK STREET
City-St-Zip: ORLANDO, FL 32804

Title: T ( ) Delete
Name: WHEELER, ROBERT W
Address: 3288 PAGE AVE. N. 910
City-St-Zip: VIRGINIA BEACH, VA 23457

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON A. WOOLF PRES 03/06/2009

Electronic Signature of Signing Officer or Director — Date