

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743324

FILED  
Jan 04, 2012  
Secretary of State

**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  
Name: WOOLF, DON A  
Address: 13259 GA. HWY 86  
City-St-Zip: SOPERTON, GA 30457

Title: VP  
Name: CURTIS, FLORENCE  
Address: 4875 S. ATLANTIC AVE. UNIT A  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

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

I hereby 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 all other like empowered.

SIGNATURE: DON A. WOOLF

P

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date