

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769150 (4)
1. Corporation Name

SEAWIND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**275 S. FIRST ST. 100
JACKSONVILLE BEACH FL 32250**

Mailing Address
**275 S. FIRST ST. 100
JACKSONVILLE BEACH FL 32250**

3. Date Incorporated or Qualified
06/29/1983

3a. Date of Last Report
04/28/1995

4. FEI Number
59-2770291

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**PATTERSON, LAWRENCE, R
3010 S. 3RD. ST. SUITE A
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STEINBACH, JOHN P	
STREET ADDRESS	275 SOUTH FIRST STREET, #301	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MCBRIDE, RONALD A.	
STREET ADDRESS	275 S FIRST ST., #404	
CITY - ST - ZIP	JACKSONVILLE BCH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CONDON, WILLIAM J	
STREET ADDRESS	275 SOUTH FIRST STREET, #401	
CITY - ST - ZIP	JACKSONVILLE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEILLY, JOHN J JR	
STREET ADDRESS	275 SOUTH FIRST STREET, #703	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, MARGIE L	
STREET ADDRESS	275 SOUTH FIRST STREET, #103	
CITY - ST - ZIP	JACKSONVILLE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	R.G. PACKO
3.4 CITY - ST - ZIP	275 SOUTH FIRST STREET #104
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DS
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ronald A. McBride
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 (904) 241-2533
Date Daytime Phone #

CR2E037 (12/95)