


FILE NOW: FILING FEE IS \$61.25

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**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
06/29/1983

4. FEI Number
59-2770291

Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FOLLENWEIDER, JOSEPH S.	
STREET ADDRESS	275 SOUTH FIRST STREET #702	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MCBRIDE, RONALD A.	
STREET ADDRESS	275 SOUTH FIRST STREET #404	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PACKO, R.G.	
STREET ADDRESS	275 SOUTH FIRST ST, #104	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	DS	<input checked="" 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	STEWART, ROBERT M. JR.	
STREET ADDRESS	275 SOUTH FIRST STREET #101	
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 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, Treasurer 1/6/98 (904) 241-2533

CR2E037 (10/97)