

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769150

1. Entity Name

SEAWIND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

275 S. FIRST ST. 100  
JACKSONVILLE BEACH FL 32250

275 S. FIRST ST. 100  
JACKSONVILLE BEACH FL 32250-6743

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP  
NAME FOLLENWEIDER, JOSEPH S.  
STREET ADDRESS 275 SOUTH FIRST STREET #702  
CITY-ST-ZIP JACKSONVILLE BEACH FL, 32250 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT  
NAME MCBRIDE, RONALD A.  
STREET ADDRESS 275 SOUTH FIRST STREET #404  
CITY-ST-ZIP JACKSONVILLE BEACH FL, 32250 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME STEWART, ROBERT M. JR.  
STREET ADDRESS 275 SOUTH FIRST STREET #101  
CITY-ST-ZIP JACKSONVILLE BEACH FL, 32250 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CONDON, JANE S.  
STREET ADDRESS 275 SOUTH FIRST STREET #401  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 ☐ Change ☒ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME GRYAN, WILDA  
STREET ADDRESS 275 SOUTH FIRST STREET #102  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 ☐ Change ☒ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: RONALD A. MCBRIDE 1/4/00 (904) 291-2533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #