

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769150

1. Entity Name

SEAWIND CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90258 029 ****61.25

Principal Place of Business

275 S. FIRST ST. 100
JACKSONVILLE BEACH FL 32250

Mailing Address

275 S. FIRST ST. 100
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2770291

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCBRIDE, RONALD
275 SOUTH FIRST STREET #404
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

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

TITLE	DS	<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	DP	<input type="checkbox"/> Delete
NAME	STEWART, ROBERT M. JR.	
STREET ADDRESS	275 SOUTH FIRST STREET #101	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALDWELL, DOROTHY H	
STREET ADDRESS	275 SOUTH FIRST STREET # 604	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIRVAN, WILDA	
STREET ADDRESS	275 SOUTH FIRST STREET, #102	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY L. RAINER	
STREET ADDRESS	275 SOUTH FIRST STREET # 601	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/10/2002 904.241.2533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)