


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 769150**

1. Entity Name  
**SEAWIND CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>275 S. FIRST ST. 100          JACKSONVILLE BEACH, FL 32250</b>	Mailing Address <b>275 S. FIRST ST. 100          JACKSONVILLE BEACH, FL 32250</b>
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2770291</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS COWART, GRACE P 275 SOUTH FIRST STREET #702 JACKSONVILLE BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT MCBRIDE, RONALD A. 275 SOUTH FIRST STREET #404 JACKSONVILLE BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP OWEN, ROBERT D JR 275 SOUTH FIRST STREET #602 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP RAINER, MARY L 275 SOUTH FIRST STREET #601 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP HALL, FREDERICK G 4233 TRADEWINDS DRIVE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/24/05-80168-016 61.25

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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 **Ronald A. McBride** 1/21/05 904-241-2533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #