


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90032 009 ****61.25

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|--|---|---|---|--|--|
| DOCUMENT # 769150 1. Entity 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 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2770291 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 ROBERT D. OWEN Street Address (P.O. Box Number is Not Acceptable) 275 South First Street #602 City JACKSONVILLE BEACH FL Zip Code 32250 | |
| 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 <u><i>Robert D. Owen</i></u> 3-2-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS COWART, GRACE P <input type="checkbox"/> Delete 275 SOUTH FIRST STREET, #403 JACKSONVILLE BEACH, FL 32250 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT MCBRIDE, RONALD A. <input checked="" type="checkbox"/> Delete 275 SOUTH FIRST STREET #404 JACKSONVILLE BEACH, FL 32250 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP OWEN, ROBERT D JR <input type="checkbox"/> Delete 275 SOUTH FIRST STREET #602 JACKSONVILLE BEACH, FL 32250 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP RAINER, MARY L <input type="checkbox"/> Delete 275 SOUTH FIRST STREET #601 JACKSONVILLE BEACH, FL 32250 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP HALL, FREDRICK G <input type="checkbox"/> Delete 4233 TRADEWINDS DRIVE JACKSONVILLE BEACH, FL 32250 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FRAZHO, MARY 275 SOUTH FIRST STREET #102 JACKSONVILLE BEACH FL 32250 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Fredrick G Hall</i></u> 3-2-2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |