
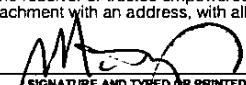


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90009 050 ****61.25

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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2770291	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OWEN, ROBERT D 275 SOUTH FIRST STREET #602 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2008		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 275 SOUTH FIRST STREET, #403 JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE DP NAME STREET ADDRESS CITY - ST - ZIP	THOMAS RUSSELL 215 SOUTH FIRST ST., # 501 JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT MCBRIDE, RONALD A. 275 SOUTH FIRST STREET #404 JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	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 275 SOUTH FIRST STREET #602 JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	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 275 SOUTH FIRST STREET #601 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HALL, FREDRICK G 4233 TRADEWINDS DRIVE JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS FRAZHO, MARY 275 S. FIRST ST., #102 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  MARY FRAZHO 3-25-2008 904 463-1379					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					