

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY - 1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 769401 (1)**  
1. Corporation Name  
**SEA WINDS CONDOMINIUM ASSOCIATION OF ST. AUGUSTINE BEACH, INC.**

Principal Place of Business Mailing Address

**890 A1A BEACH BLVD.  
ST. AUGUSTINE BEACH FL 32084  
US**      **890 A1A BEACH BLVD  
ST. AUGUSTINE BEACH FL 32084  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/15/1983**      3a. Date of Last Report **04/12/1994**  
4. FEI Number **59-2314034**      Applied For   
Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**SEAWINDS COMMUNITIES INC  
890 A1A BEACH BLVD.  
ST. AUGUSTINE BCH. FL 32084**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Steven C. Cupolo* *Steven C. Cupolo* DATE **APRIL 20 95**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>OUSLEY, DONALD</b>
STREET ADDRESS	<b>890 A1A BEACH BLVD. #27</b>
CITY - ST - ZIP	<b>ST AUGUSTINE BCH FL</b>
TITLE	<b>VP</b>
NAME	<b>BRASILE, ALVIN</b>
STREET ADDRESS	<b>890 A1A BEACH BLVD. #28</b>
CITY - ST - ZIP	<b>ST AUGUSTINE BCH FL</b>
TITLE	<b>SD</b>
NAME	<b>MARGE, FISHER</b>
STREET ADDRESS	<b>890 A1A BEACH BLVD. #75</b>
CITY - ST - ZIP	<b>ST AUGUSTINE BCH FL</b>
TITLE	<b>DD</b>
NAME	<b>CUPOLO, STEVEN</b>
STREET ADDRESS	<b>890 A1A BEACH BLVD. #54</b>
CITY - ST - ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<b>TD</b>
NAME	<b>KEARNEY, JAMES</b>
STREET ADDRESS	<b>890 A1A BEACH BLVD.</b>
CITY - ST - ZIP	<b>ST AUGUSTINE BCH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CHRISTINE SMITH</b>
2.3 STREET ADDRESS	<b>VIC PRESIDENT</b>
2.4 CITY - ST - ZIP	<b>890 A1A BEACH BLVD #6</b> <b>ST AUGUSTINE BEACH FL 32084</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TREASURER</b>
5.3 STREET ADDRESS	<b>JOSEPH WOOD</b>
5.4 CITY - ST - ZIP	<b>890 A1A BEACH BLVD #36</b> <b>ST AUGUSTINE BCH FL 32084</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Donald Ousley* *Donald Ousley* **4/20/95** (904) 461-8479