

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 769401 (1)

1. Corporation Name
SEA WINDS CONDOMINIUM ASSOCIATION OF ST. AUGUSTINE BEACH, INC.



Principal Place of Business: 890 A1A BEACH BLVD. ST. AUGUSTINE BEACH FL 32084 US
Mailing Address: 890 A1A BEACH BLVD ST. AUGUSTINE BEACH FL 32084 US

3. Date Incorporated or Qualified: 07/15/1983
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City & State, Zip, and Country.

4. FEI Number: 59-2314034
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: OUSLEY, DONALD STREET ADDRESS: 890 A1A BEACH BLVD. #27 CITY-ST-ZIP: ST AUGUSTINE BCH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: WOOD, JOSEPH 1.3 STREET ADDRESS: 890 A1A BEACH BLVD #36 1.4 CITY-ST-ZIP: ST. AUGUSTINE BEACH FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: SMITH, CHRISTINE STREET ADDRESS: 890 A1A BEACH BLVD # 6 CITY-ST-ZIP: ST AUGUSTINE BCH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VP 2.2 NAME: TIM TIWOTSON 2.3 STREET ADDRESS: 890 A1A BEACH BLVD #5 2.4 CITY-ST-ZIP: ST. AUGUSTINE BEACH FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: MARGE, FICHER STREET ADDRESS: 890 A1A BEACH BLVD. #75 CITY-ST-ZIP: ST AUGUSTINE BCH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: S. O. 3.2 NAME: HELEN MCGEE 3.3 STREET ADDRESS: 890 A1A BEACH BLVD #74. 3.4 CITY-ST-ZIP: ST. AUGUSTINE BEACH FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DD NAME: CUPOLO, STEVEN STREET ADDRESS: 890 A1A BEACH BLVD. #54 CITY-ST-ZIP: ST. AUGUSTINE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: T. O. 4.2 NAME: BOB MACHINSKI 4.3 STREET ADDRESS: 459 SAN CLEMENTI DR 4.4 CITY-ST-ZIP: ORANGE PARK FL 32073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: WOOD, JOSEPH STREET ADDRESS: 890 A1A BEACH BLVD. CITY-ST-ZIP: ST AUGUSTINE BCH FL	<input type="checkbox"/> DELETE	5.1 TITLE: D. O. 5.2 NAME: DAVE BAHN 5.3 STREET ADDRESS: 890 A1A BEACH BLVD #40 5.4 CITY-ST-ZIP: ST AUGUSTINE BEACH FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: HELEN P. MCGEE Helen P. McGee 4-19-96 9044716718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)