

FILE NOW: FILING FEE IS \$61.25

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**Apr 25 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32084-6776 US
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3. Date Incorporated or Qualified 07/15/1983	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2314034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 *STEVEN C. CUPOLO* DATE *04 15 97*

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, JOSEPH	1.2 NAME	
STREET ADDRESS	890 ALA BEACH BLVD 38	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE BCH FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIM TILLOTSON	2.2 NAME	
STREET ADDRESS	890 A1A BEACH BLVD # 6	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE BCH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELEN MCGEE	3.2 NAME	
STREET ADDRESS	890 A1A BEACH BLVD. #75	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE BCH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB MACHINSKI	4.2 NAME	
STREET ADDRESS	459 SAN CLEMENTI DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, JOSEPH	5.2 NAME	
STREET ADDRESS	890 A1A BEACH BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE BCH FL	5.4 CITY-ST-ZIP	
TITLE	DD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE BAHN	6.2 NAME	
STREET ADDRESS	890 A1A BEACH BLVD #40	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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 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.

CFR2E037 (9/96)