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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 769401

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/15/1983
23 City & State	27 City & State	4. FEI Number
24 Zip	29 Zip	59-2314034
25 Country	30 Country	Applied For
		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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SEAWINDS COMMUNITIES INC 890 A1A BEACH BLVD. ST. AUGUSTINE BCH. FL 32084	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE _____
 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	P <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTON, ROBERT	1.2 NAME	TILLOTSON TIM
STREET ADDRESS	890 A1A BEACH BLVD 321	1.3 STREET ADDRESS	890 A1A BEACH BLVD #5
CITY-ST-ZIP	ST AUGUSTINE FL 32084	1.4 CITY-ST-ZIP	ST. AUGUSTINE BCH FL 32084
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, GARY	2.2 NAME	SECRETARY - DIRECTOR
STREET ADDRESS	890 A1A BEACH BLVD #30	2.3 STREET ADDRESS	DEBORAH HANNEN
CITY-ST-ZIP	ST AUGUSTINE BCH FL 32084	2.4 CITY-ST-ZIP	8 ANOULUSIA COURT 32084
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHBURN, WILLIAM	3.2 NAME	
STREET ADDRESS	890 A1A BEACH BLVD #53	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE BCH FL 32084	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Tim Tillotson SIGNATURE REQUIRED: TIM TILLOTSON 03 15 99 904 4716718
 Date Daytime Phone #

CR2E037 (11/98)