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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

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/15/1983

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BARTON, ROBERT
STREET ADDRESS 890 A1A BEACH BLVD 321
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE D
NAME WOOD, GARY
STREET ADDRESS 890 A1A BEACH BLVD #30
CITY-ST-ZIP ST AUGUSTINE BCH FL 32084

TITLE SD
NAME WASHBURN, WILLIAM
STREET ADDRESS 890 A1A BEACH BLVD #53
CITY-ST-ZIP ST AUGUSTINE BCH FL 32084

TITLE TD
NAME BOB MACHINSKI
STREET ADDRESS 459 SAN CLEMENTI DR
CITY-ST-ZIP ORANGE PARK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT
NAME TILLOTSON TIM
1.2 NAME
1.3 STREET ADDRESS 890 A1A BEACH BLVD #5
1.4 CITY-ST-ZIP ST. AUGUSTINE BCH FL 32084

2.1 TITLE SD SECRETARY - DIRECTOR
2.2 NAME DEBORAH HANNEN
2.3 STREET ADDRESS 8 ANOULUSIA COURT
2.4 CITY-ST-ZIP ST. AUGUSTINE FL 32084

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RECEIVED
DATE 03 15 99
DAYTIME PHONE # 904 4716718

CR2E037 (11/98)