

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90091 013 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 769401

1. Entity Name
SEA WINDS CONDOMINIUM ASSOCIATION OF ST. AUGUSTI

Principal Place of Business Mailing Address

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

**890 A1A BEACH BLVD
 ST. AUGUSTINE BEACH FL 32084-6776
 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2314034** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEAWINDS COMMUNITIES INC 890 A1A BEACH BLVD. ST. AUGUSTINE BCH. FL 32084	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, ROBERT	NAME	
STREET ADDRESS	890 A1A BEACH BLVD 321	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, GARY	NAME	
STREET ADDRESS	890 A1A BEACH BLVD #30	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE BCH FL 32084	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLOTSON, TIM	NAME	
STREET ADDRESS	890 A1A BEACH BLVD., #5	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE BCH FL 32084	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB MACHINSKI	NAME	
STREET ADDRESS	459 SAN CLEMENTI DR	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONNEN, DEBORAH	NAME	
STREET ADDRESS	8 ANOULUSIA CT.	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tim Tillotson 03 30 00 904 471 6718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)