

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

0089764

**DOCUMENT # 769401**

1. Entity Name

**SEA WINDS CONDOMINIUM ASSOCIATION OF ST. AUGUSTI**

04-06-2001 90013 027 \*\*\*\*61.25

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  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2314034**

Applied For

Not Applicable

Zip **32080**

Country

Zip **32080**

Country

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

**FL**

Zip Code

**32080**

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.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BARTON, ROBERT	
STREET ADDRESS	890 A1A BEACH BLVD 321	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, GARY	
STREET ADDRESS	890 A1A BEACH BLVD #30	
CITY-ST-ZIP	ST AUGUSTINE BCH FL 32084	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TILLOTSON, TIM	
STREET ADDRESS	890 A1A BEACH BLVD., #5	
CITY-ST-ZIP	ST AUGUSTINE BCH FL 32084	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOB MACHINSKI	
STREET ADDRESS	459 SAN CLEMENTI DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HONNEN, DEBORAH	
STREET ADDRESS	8 ANOULUSIA CT.	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM MALLON	
STREET ADDRESS	890 A1A BEACH BLVD #63	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	SO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM SMITH	
STREET ADDRESS	890 A1A BEACH BLVD #19	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	T.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS LOCASALE	
STREET ADDRESS	890 A1A BEACH BLVD #44	
CITY-ST-ZIP	ST. AUGUSTINE BCH FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 lines empowered.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01 904-4716718

Date

Daytime Phone #

CR2E037 (10/00)