

# 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 890 A1A BEACH BLVD. ST. AUGUSTINE BEACH FL 32084 US	Mailing Address 890 A1A BEACH BLVD ST. AUGUSTINE BEACH FL 32084 US
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01 904-4716718  
 Date Daytime Phone #

CR2E037 (10/00)