

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90049 043 ****61.25

DOCUMENT # 769401

1. Entity Name

SEA WINDS CONDOMINIUM ASSOCIATION OF ST. AUGUSTINE BEACH, INC.

Principal Place of Business

Mailing Address

30 A1A BEACH BLVD.
 ST AUGUSTINE FL 32080
 US

890 A1A BEACH BLVD.
 ST AUGUSTINE FL 32080
 US

BU091858



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

Country

Zip

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 FL 32080

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

\$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** Delete
 NAME **MALLON, WILLIAM**
 STREET ADDRESS **890 A1A BEACH BLVD #63**
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **D** Change Addition
 NAME **STEVEN FELDMAN**
 STREET ADDRESS **890 A1A BEACH BLVD #10**
 CITY-ST-ZIP **ST AUGUSTINE BEACH FL 32080**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **TILLOTSON, TIM**
 STREET ADDRESS **890 A1A BEACH BLVD., #5**
 CITY-ST-ZIP **ST AUGUSTINE BCH FL 32084**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **SMITH, WILLIAM**
 STREET ADDRESS **890 A1A BEACH BLVD #19**
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **LOCASALE, THOMAS**
 STREET ADDRESS **890 A1A BEACH BLVD #44**
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 like empowered.

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

April 15 02

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