2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 03, 2004 8:00 am **DOCUMENT # 769401** Secretary of State 1. Entity Name 05-03-2004 90678 028 \*\*\*\*61.25 SEA WINDS CONDOMINIUM ASSOCIATION OF ST. AUGUSTINE BEACH, INC. Principal Place of Business Mailing Address 890 A1A BEACH BLVD. ST AUGUSTINE FL 32080 890 A1A BEACH BLVD. ST AUGUSTINE FL 32080 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2314034 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEAWINDS COMMUNITIES INC Street Address (P.O. Box Number is Not Acceptable) 461 A L A BEACH BLUD 890 A1A BEACH BLVD. ST AUGUSTINE FL 32080 Zip Code 57. AUGUSTINE 32080 8. The above named entity)submits this etalter ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of legist SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to $\Box$ Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. P DTLE Delete TITLE Change ★ Addition MALLON, WILLIAM Winslett, Ron NAME NAME 890 A1A BEACH BLVD #63 STREET ADDRESS 301 Ridgedale Dr. STREET ADDRESS ST AUGUSTINE FL 32080 CITY-ST-ZIP CITY-ST-ZIP Silver Creek, GA 30173 VP TITLE Delete TITLE Change Change ☐ Addition FELDMAN, STEVEN NAME NAME 890 A1A BEACH BLVD, #10 STREET ADDRESS STREET ADDRESS ST AUGUSTINE BCH FL 32084 CITY-ST-ZIP CITY-ST-ZIP SD TITLE **⊠** Delete TITLE ☐ Change **Addition** TILLOTSON, TIM - --Bev Simpson NAME NAME 890 A1A BEACH BLVD., #5 STREET ADDRESS 890 A1A Beach Blvd #64 STREET ADORESS ST AUGUSTINE BCH FL 32084 CITY-ST-ZIP CITY-ST-ZIF St. Augustine, FL 32080 Delete TITLE Change X Addition FLECKENSTEIN, MARLVN Karen Peak NAME NAME 890 A1A BEACH BLVD, #32 890 A1A Beach Blvd #34 STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32080 CITY-ST-ZIP CITY-ST-ZIP St. Augustine, FL 32080 TIBE Delete TITLE ☐ Change Addition SMITH, NIGEL Larry Brown NAME NAME 6212 NW 24TH LN. 1942 NW 24th St. STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32606 CITY-ST-ZIP CITY-ST-ZIP Gainesville, FL 32065 ☐ Addition TITLE ☐ Delete TITLE Change 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.

SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #