


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90054 005 ****61.25

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DOCUMENT # 769401					
1. Entity Name SEA WINDS CONDOMINIUM ASSOCIATION OF ST. AUGUSTINE BEACH, INC.					
Principal Place of Business 890 A1A BEACH BLVD. ST AUGUSTINE, FL 32080 US		Mailing Address 890 A1A BEACH BLVD. ST AUGUSTINE, FL 32080 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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JACOBS, PHILIP 461 A1A BEACH BLVD SAINT 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	WINSLETT, RON	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		301 RIDGEDALE DR.		STREET ADDRESS	
CITY-ST-ZIP		SILVER CREEK, GA 30173		CITY-ST-ZIP	
TITLE	VP	FELDMAN, STEVEN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		890 A1A BEACH BLVD, #10		STREET ADDRESS	
CITY-ST-ZIP		ST AUGUSTINE BCH, FL 32084		CITY-ST-ZIP	
TITLE	SD	SIMPSON, BEV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	BROWN, MARIA
STREET ADDRESS		890 A1A BEACH BLVD #64		STREET ADDRESS	1942 NW 24th St
CITY-ST-ZIP		SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	Gainesville, FL 32605
TITLE	TD	PEAK, KAREN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS		890 A1A BEACH BLVD #34		STREET ADDRESS	
CITY-ST-ZIP		ST AUGUSTINE, FL 32080		CITY-ST-ZIP	
TITLE	D	BROWN, LARRY	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	BURRIS, DAVID
STREET ADDRESS		1942 NW 24TH ST		STREET ADDRESS	2137 BUCKENRIDGE ST.
CITY-ST-ZIP		GAINESVILLE, FL 32065		CITY-ST-ZIP	ATHENS, TN 37303
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: <u>Karen Peak</u>			2/5/05 89461934		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		