


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90007 004 ****61.25

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 Suite, Apt. #, etc.		3. Mailing Address 461 A1A Beach Blvd Suite, Apt. #, etc.	
City & State St Augustine		City & State St Johns	
Zip FL		Zip FL	
Country FL		Country FL	
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 JACOBS, PHILIP 461 A1A BEACH BLVD SAINT AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME WINSLETT, RON STREET ADDRESS 301 RIDGEDALE DR. CITY-ST-ZIP SILVER CREEK, GA 30173 <input checked="" type="checkbox"/> Delete	TITLE SO NAME Hughes, Mike STREET ADDRESS 1008 Cedar Cove CITY-ST-ZIP St Augustine, FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE VP NAME FELDMAN, STEVEN STREET ADDRESS 890 A1A BEACH BLVD, #10 CITY-ST-ZIP ST AUGUSTINE BCH, FL 32084 <input type="checkbox"/> Delete	TITLE TO NAME [Handwritten] STREET ADDRESS [Handwritten] CITY-ST-ZIP [Handwritten] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME BROWN, MARIA STREET ADDRESS 1942 NW 24TH ST CITY-ST-ZIP GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE PO NAME Maria H Brown STREET ADDRESS [Handwritten] CITY-ST-ZIP [Handwritten] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME PEAK, KAREN STREET ADDRESS 890 A1A BEACH BLVD #34 CITY-ST-ZIP ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE O NAME Karen S. Peak STREET ADDRESS [Handwritten] CITY-ST-ZIP [Handwritten] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME BURRIS, DAVID STREET ADDRESS 2137 BRECKENRIDGE ST CITY-ST-ZIP ATHENS, TN 37303 <input type="checkbox"/> Delete	TITLE [Handwritten] NAME David Burris STREET ADDRESS [Handwritten] CITY-ST-ZIP [Handwritten] <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank] <input type="checkbox"/> Delete	TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Steve Feldman</u>		Date <u>20 Feb 2006</u> Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			