


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90104 027 \*\*\*\*61.25

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<b>DOCUMENT # 769401</b>					
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 461 A1A BEACH BLVD. ST AUGUSTINE, FL 32080 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2314034	
Zip		Country		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		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	SD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGHES, MIKW	NAME			
STREET ADDRESS	1008 CEDAR COVE	STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FELDMAN, STEVEN	NAME	Palmer, Jackie		
STREET ADDRESS	890 A1A BEACH BLVD, #10	STREET ADDRESS	3145 Kings Rd		
CITY-ST-ZIP	ST AUGUSTINE BCH, FL 32084	CITY-ST-ZIP	St Augustine, FL 32080		
TITLE	PD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, MARIA	NAME			
STREET ADDRESS	1942 NW 24TH ST	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32605	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEAK, KAREN	NAME			
STREET ADDRESS	890 A1A BEACH BLVD #34	STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURRIS, DAVID	NAME			
STREET ADDRESS	2137 BRECKENRIDGE ST	STREET ADDRESS			
CITY-ST-ZIP	ATHENS, TN 37303	CITY-ST-ZIP			
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 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: <i>J. Michael Hughes</i>		Date: <i>1/12/07</i>		Daytime Phone #: <i>704-687-4135</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					