


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90028 046 ****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 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.		01232008 Chg-NP CR2E037 (12/06)	
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 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 _____					
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, 2008		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	T/O	<input checked="" 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	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 checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEAK, KAREN		NAME	Kurt Fisher	
STREET ADDRESS	890 A1A BEACH BLVD #34		STREET ADDRESS	890 A1A Beach Blvd #79	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP	St Augustine, FL 32080	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURRIS, DAVID		NAME	Billie P. Kur	
STREET ADDRESS	2137 BRECKENRIDGE ST		STREET ADDRESS	890 A1A Beach Blvd #70	
CITY-ST-ZIP	ATHENS, TN 37303		CITY-ST-ZIP	St Augustine FL 32080	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, JACKIE		NAME		
STREET ADDRESS	3145 KINGS RD		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		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: 2/1/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		