

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769401

FILED
Jan 29, 2009
Secretary of State

Entity Name: SEA WINDS CONDOMINIUM ASSOCIATION OF ST. AUGUSTINE BEACH, INC.

Current Principal Place of Business:

890 A1A BEACH BLVD.
ST AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

461 A1A BEACH BLVD.
ST AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-2314034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, PHILIP
461 A1A BEACH BLVD
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

JACOBS, PHILIP H
461 A1A BEACH BLVD
SAINT AUGUSTINE, FL 32080 US

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.

SIGNATURE: PHILIP H JACOBS

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HUGHES, MIKW
Address: 1008 CEDAR COVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: PD () Delete
Name: BROWN, MARIA
Address: 1942 NW 24TH ST
City-St-Zip: GAINESVILLE, FL 32605

Title: SD (X) Delete
Name: PIKUS, BILLIE
Address: 890 A1A BCH BLVD 70
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: PALMER, JACKIE
Address: 3145 KINGS RD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: FISHER, KURT
Address: 890 A1A BCH BLVD 79
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA BROWN

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date