FILED

2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 16, 2003 8:00 am Secretary of State **DOCUMENT # 769401** 04-16-2003 90197 001 ****61.25 1. Entity Name SEA WINDS CONDOMINIUM ASSOCIATION OF ST. AUGUSTI NE BEACH, INC. Mailing Address Principal Place of Business 890 A1A BEACH BLVD. 890 A1A BEACH BLVD. ST AUGUSTINE FL 32080 ST AUGUSTINE FL 32080 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2314034 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEAWINDS COMMUNITIES INC Street Address (P.O. Box Number is Not Acceptable) 890 A1A BEACH BLVD. ST AUGUSTINE FL 32080 City 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 tamiliar 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Change ☐ Addition Delete MALLON, WILLIAM NAME NAME 890 A1A BEACH BLVD #63 STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32080 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE FELDMAN, STEVEN NAME NAME 890 A1A BEACH BLVD, #10 STREET ADDRESS STREET ADDRESS ST AUGUSTINE BCH FL 32084 CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE TITLE ☐ Change ☐ Addition TILLOTSON, TIM NAME NAME 890 A1A BEACH BLVD., #5 STREET ADDRESS STREET ADDRESS ST AUGUSTINE BCH FL 32084 CITY-ST-ZIP CITY-ST-ZIP SEC OIR TITLE 🗷 Delete TITLE ☐ Change **X** Addition SMITH, WILLIAM ARLVN FLECKENSTEIN 890 ALA BOACH BUND # 32 MARLVN NAME NAME 890 A1A BEACH BLVD #19 STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32080 CITY-ST-ZIP CITY-ST-ZIP AUGUSTANE BUH PL 32080 δT_{γ} TRES. DIR TITLE Delete TITLE Addition 8M ITH H.W ZYTH LANE LOCASALE, THOMAS NIGEL NAME NAME 890 A1A BEACH BLVD #44 STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32080 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME NAME

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 appliess, with all other life empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

BPAK 10 03 9044716718