

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


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90197 001 ****61.25

0000523

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
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2314034** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SEAWINDS COMMUNITIES INC
890 A1A BEACH BLVD.
ST 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

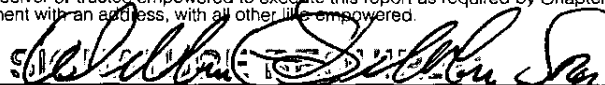
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MALLON, WILLIAM	
STREET ADDRESS	890 A1A BEACH BLVD #63	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELDMAN, STEVEN	
STREET ADDRESS	890 A1A BEACH BLVD, #10	
CITY-ST-ZIP	ST AUGUSTINE BCH FL 32084	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TILLOTSON, TIM	
STREET ADDRESS	890 A1A BEACH BLVD., #5	
CITY-ST-ZIP	ST AUGUSTINE BCH FL 32084	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, WILLIAM	
STREET ADDRESS	890 A1A BEACH BLVD #19	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOCASALE, THOMAS	
STREET ADDRESS	890 A1A BEACH BLVD #44	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC. DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLVN FUECKENSTEIN	
STREET ADDRESS	890 A1A BEACH BLVD #32	
CITY-ST-ZIP	ST. AUGUSTINE BCH FL 32080	
TITLE	TRES. DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIGEL SMITH	
STREET ADDRESS	6212 N.W 24TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 address, with all other titles empowered.

SIGNATURE:  **APR 10 03 9044716718**

CR2E037 (10/02)