


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90027 005 \*\*\*\*61.25

<b>DOCUMENT # N02000000262</b>					
<b>1. Entity Name</b> <b>EASTWINDS CONDOMINIUM ASSOCIATION OF JACKSONVILLE BEACH, INC.</b>					
<b>Principal Place of Business</b> <b>1835 N. 3RD STREET</b> <b>JACKSONVILLE, FL 32250 US</b>			<b>Mailing Address</b> <b>POST OFFICE BOX 330026</b> <b>ATLANTIC BEACH, FL 32233</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>02132004 Chg-NP CR2E037 (10/03)</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> <b>26-0037900</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MARVIN, SONIA M</b> <b>1835 N 3RD STREET</b> <b>JACKSONVILLE BEACH, FL 32250</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>MANN, GEORGE</b> <b>1505 FIRST STREET SOUTH #602</b> <b>JACKSONVILLE BEACH, FL 32250</b>	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <b>SPURIA, ANTHONY</b> <b>1505 FIRST STREET SOUTH #601</b> <b>JACKSONVILLE BEACH, FL 32250</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VPD</b> <b>BRYD, MARION</b> <b>PO BOX 51427</b> <b>JACKSONVILLE BEACH, FL 32240</b>	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> <b>SIBLEY, MARTHA ANN</b> <b>1505 FIRST STREET SOUTH #401</b> <b>JACKSONVILLE BEACH, FL 32250</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VPD</b> <b>HANSON, MYRNA</b> <b>1505 FIRST STREET SOUTH #301</b> <b>JACKSONVILLE BEACH, FL 32250</b>	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>HANSON, KARL</b> <b>1505 FIRST STREET SOUTH #301</b> <b>JACKSONVILLE BEACH, FL 32250</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> <b>FRAUENHEIM, EUGENE K</b> <b>2016 DELPOND LANE</b> <b>CHARLOTTE, NC 28226</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>FRAUENHEIM, EUGENE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <b>CHEPENIK, ALAN</b> <b>2647 FOREST POINT CT.</b> <b>JACKSONVILLE, FL 32257</b>	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VPD</b> <b>MORGAN, JIM</b> <b>1505 FIRST STREET SOUTH #802</b> <b>JACKSONVILLE BEACH, FL 32250</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VPD</b> <b>MORGAN, JIM</b> <b>1505 FIRST ST. SOUTH #802</b> <b>JACKSONVILLE BEACH, FL 32250</b>
<b>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 like empowered.</b>					
<b>SIGNATURE:</b> <u>K. Eugene Fraunheim</u> <span style="float: right;">3/25/04</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**K. EUGENE FRAUENHEIM**  
**PRESIDENT**