

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722651

**Entity Name:** EAST WIND ASSOCIATION, INC.

**Current Principal Place of Business:**

4505 SOUTH ATLANTIC AVENUE  
PONCE INLET, FL 32127

**Current Mailing Address:**

4505 SOUTH ATLANTIC AVENUE  
PONCE INLET, FL 32127

**FEI Number: 59-1509633**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

TREADAWAY, CYNTHIA LMANAGER  
4898 SOUTH PENINSULA  
PONCE INLET, FL 32127 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            SEC  
Name            TURO, TOM  
Address        1660 DIANA DR  
City-State-Zip: WINTER PARK FL 32789

Title            PRES  
Name            POUZAR, SUSAN L  
Address        PO BOX 4288  
City-State-Zip: ENTERPRISE FL 32725

Title            TRES  
Name            FORMASAND, PETER  
Address        6719 BEL GLADE PL  
City-State-Zip: SANFORD FL 32771

Title            VP  
Name            THOMPSON, MICHAEL  
Address        4514 CAPERS CROSSING  
City-State-Zip: NORCROSS GA 30092

*I hereby 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 all other like empowered.*

**SIGNATURE: SUSAN L. POUZAR**

**PRESIDENT**

**01/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date