

2013 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: No

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

04/22/2013

Electronic Signature of Signing Officer/Director Detail

Date