

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722651

**FILED**  
**Mar 07, 2018**  
**Secretary of State**  
**CC4956999566**

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

**Current Principal Place of Business:**

411 S CENTRAL AVE STE B  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

411 S CENTRAL AVE STE B  
FLAGLER BEACH, FL 32136 US

**FEI Number:** 59-1509633

**Certificate of Status Desired:** No

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

VESTA PROPERTY SERVICES  
411 S CENTRAL AVE STE B  
FLAGLER BEACH, FL 32136 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:** LEA STOKES

03/07/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MATTER, SK  
Address        411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

Title            TREASURER  
Name            FRANCE, JOSHUA  
Address        411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

Title            VP  
Name            BALK, DAVID  
Address        411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

Title            SECRETARY  
Name            WOODRUFF, TERRY  
Address        411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

Title            DIRECTOR  
Name            ABELL, DONNA  
Address        411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

Title            DIRECTOR  
Name            VAN PELT, GARY  
Address        411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

Title            DIRECTOR  
Name            GUTHRIE, BREEZE JR.  
Address        411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

Title            DIRECTOR  
Name            KILLINGSWORTH, KATHY  
Address        411 S CENTRAL AVE STE B  
City-State-Zip: FLAGLER BEACH FL 32136

*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:** SK MATTER JR

**PRESIDENT**

03/07/2018

Electronic Signature of Signing Officer/Director Detail

Date