

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724620

FILED
Apr 24, 2024
Secretary of State
5973052816CC

Entity Name: SEA WINDS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CASEY CONDOMINIUM MANAGEMENT
4370 S. TAMIAMI TRAIL SUITE 102
SARASOTA, FL 34231

Current Mailing Address:

C/O CASEY CONDOMINIUM MANAGEMENT
4370 S. TAMIAMI TRAIL SUITE 102
SARASOTA, FL 34231 US

FEI Number: 59-1631034

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASEY CONDOMINIUM MANAGEMENT
C/O CASEY CONDOMINIUM MANAGEMENT
4370 S. TAMIAMI TRAIL SUITE 102
SARASOTA, FL 34231 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: BRIDGET SPENCE

04/24/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MISHEVSKI, JOHN
Address C/O CASEY CONDOMINIUM
 MANAGEMENT
 4370 S. TAMIAMI TRAIL SUITE 102
City-State-Zip: SARASOTA FL 34231

Title TREASURER
Name RAUP, THOMAS
Address C/O CASEY CONDOMINIUM
 MANAGEMENT
 4370 S. TAMIAMI TRAIL SUITE 102
City-State-Zip: SARASOTA FL 34231

Title VP
Name RETTICH, KATHY
Address C/O CASEY CONDOMINIUM
 MANAGEMENT
 4370 S. TAMIAMI TRAIL SUITE 102
City-State-Zip: SARASOTA FL 34231

Title SECRETARY
Name YATES, NORMA
Address C/O CASEY CONDOMINIUM
 MANAGEMENT
 4370 S. TAMIAMI TRAIL SUITE 102
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR
Name ENDERS, TIMOTHY
Address C/O CASEY CONDOMINIUM
 MANAGEMENT
 4370 S. TAMIAMI TRAIL SUITE 102
City-State-Zip: SARASOTA FL 34231

Title ASST. SECRETARY
Name SPENCE, BRIDGE
Address C/O CASEY CONDOMINIUM
 MANAGEMENT
 4370 S. TAMIAMI TRAIL SUITE 102
City-State-Zip: SARASOTA FL 34231

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: BRIDGET SPENCE

ASSISTANT SECRETARY 04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date