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: JOHN A. KUHN

Electronic Signature of Signing Officer/Director Detail

02/22/2014

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743324

Entity Name: SEAWINDS OF NEW SMYRNA BEACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4875 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

4875 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169

FEI Number: 59-2362781

Name and Address of Current Registered Agent:

CURTIS, FLORENCE 4875 S. ATLANTIC AVE. UNIT A UNIT A NEW SMYRNA BEACH, FL 32169 US

FILED Feb 22, 2014 Secretary of State CC9854357333

Certificate of Status Desired: No

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	E FLORENCE CURTIS			02/22/2014
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	DIRECTOR	Title	SECRETARY	
Name	WOOLF, DON A	Name	CURTIS, FLORENCE	
Address	13259 GA. HWY 86	Address	4875 S. ATLANTIC AVE. UNIT A	
City-State-Zip:	SOPERTON GA 30457	City-State-Zip:	NEW SMYRNA BEACH FL 3216	9
Title	PRESIDENT	Title	TREASURER	
Name	WHEELER, ROBERT W	Name	KUHN, JOHN	
Address	4875 S. ATLANTIC AVE UNIT G	Address	4875 S. ATLANTIC AVE. UNIT F	
City-State-Zip:	NEW SMYRNA BEACH FL 32169	City-State-Zip:	NEW SMYRNA BEACH FL 3216	9
Title	DIRECTOR			
Name	FRIDRICH, CHIP			
Address	164 CHEEK ROAD			
City-State-Zip:	NASHVILLE TN 37205			

Date