

2022 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
UNIT L
NEW SMYRNA BEACH, FL 32169 US**FEI Number: 59-2362781****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FRIDRICH, CHIP
4875 S. ATLANTIC AVE
UNIT G
NEW SMYRNA BEACH, FL 32169 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:** CHIP FRIDRICH**01/21/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	FRIDRICH, CHIP
Address	4875 S. ATLANTIC AVENUE UNIT L
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	DIRECTOR
Name	CARUSO, JIM
Address	4875 S. ATLANTIC AVE. UNIT J
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	VP
Name	MIDDLETON, MICHAEL
Address	1215 BELLEAIRE CIRCLE,
City-State-Zip:	ORLANDO FL 32804

Title	SECRETARY
Name	COLLINS, HAL
Address	4875 S ATLANTIC AVE UNIT G
City-State-Zip:	NEW SMYRNA BEACH FL 32169

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: CHIP FRIDRICH**PRESIDENT****01/21/2022**

Electronic Signature of Signing Officer/Director Detail

Date