

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743324

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

**FILED**  
**Feb 23, 2016**  
**Secretary of State**  
**CC5432921936**

**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**

**Certificate of Status Desired: No**

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

CURTIS, FLORENCE  
4875 S. ATLANTIC AVE. UNIT A  
UNIT A  
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: FLORENCE CURTIS**

**02/23/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name WOOLF, DON A  
Address 13259 GA. HWY 86  
City-State-Zip: SOPERTON GA 30457

Title SECRETARY  
Name CURTIS, FLORENCE  
Address 4875 S. ATLANTIC AVE. UNIT A  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title PRESIDENT  
Name WHEELER, ROBERT W  
Address 4875 S. ATLANTIC AVE  
UNIT G  
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 TREASURER  
Name FRIDRICH, CHIP  
Address 164 CHEEK ROAD  
City-State-Zip: NASHVILLE TN 37205

*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: W ROBERT WHEELER**

**PRESIDENT**

**02/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date