

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761338

**Entity Name:** SEAWINDS SOUTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

% RESIDENT MANAGER  
5080 N OCEAN DR  
SINGER ISLAND, FL 33404

**Current Mailing Address:**

% RESIDENT MANAGER  
5080 N OCEAN DR  
SINGER ISLAND, FL 33404 US

**FEI Number:** 59-2274157

**Certificate of Status Desired:** No

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

BECKER & POLIAKOFF, P.A.  
625 N. FLAGLER DRIVE 7TH FLOOR  
BANK OF AMERICA CENTER  
WEST PALM BEACH, FL 33401 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY/TREASURER

Name PLINER, EDWARD

Address 5070 N OCEAN DR 7A

City-State-Zip: SINGER ISLAND FL 33404

Title PRESIDENT

Name CUTLER, MARC

Address 5070 NORTH OCEAN DR 17A

City-State-Zip: SINGER ISLAND FL 33404

Title ASST. SECRETARY

Name ARRIEN, JOYCE

Address 5080 N. OCEAN DRIVE  
OFFICE

City-State-Zip: WEST PALM BEACH FL 33404

Title VP

Name JAVAN, AJ

Address 5070 N. OCEAN DRIVE 10A

City-State-Zip: SINGER ISLAND FL 33404

*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:** JOYCE ARRIEN

**ASST. SECRETARY**

**03/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date