

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769150

**Entity Name:** SEAWIND CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**6960 BONNEVAL ROAD - STE. 302  
JACKSONVILLE, FL 32216**Current Mailing Address:**6960 BONNEVAL ROAD - STE. 302  
JACKSONVILLE, FL 32216**FEI Number:** 59-2770291**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MADISON PROPERTY MANAGEMENT SOLUTIONS, LLC  
6960 BONNEVAL ROAD SUITE 302  
JACKSONVILLE, FL 32216 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	DIRECTOR
Name	WILKES, BARRY
Address	6960 BONNEVAL ROAD SUITE 302
City-State-Zip:	JACKSONVILLE FL 32216

Title	TREASURER
Name	LYNCH, SEAN J.
Address	6960 BONNEVAL ROAD SUITE 302
City-State-Zip:	JACKSONVILLE FL 32216

Title	PRESIDENT
Name	MCDUGALL, KIM
Address	6960 BONNEVAL ROAD SUITE 302
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP
Name	KENNY, PAUL G.
Address	6960 BONNEVAL ROAD, STE 302
City-State-Zip:	JACKSONVILLE FL 32216

Title	SECRETARY
Name	SOBIC, NIKOLAS
Address	6960 BONNEVAL ROAD, STE 302
City-State-Zip:	JACKSONVILLE FL 32216

*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:** KIM MCDUGALL**PRESIDENT****03/17/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date