

2019 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 PD
Name KLOEPPEL, MARVIN
Address 6960 BONNEVAL ROAD, STE 302
City-State-Zip: JACKSONVILLE FL 32216

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

Title TD
Name HAMM, DAVID J.
Address 6960 BONNEVAL ROAD, STE 302
City-State-Zip: JACKSONVILLE FL 32216

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

Title DIRECTOR
Name LYNCH, SEAN
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: MARVIN KLOEPPEL

PRESIDENT

03/28/2019

Electronic Signature of Signing Officer/Director Detail_____
Date