

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769150

FILED
Mar 26, 2018
Secretary of State
CC5019362779

Entity Name: SEAWIND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6620 SOUTHPOINT DRIVE SOUTH
SUITE 610
JACKSONVILLE, FL 32216

Current Mailing Address:

6620 SOUTHPOINT DRIVE SOUTH
SUITE 610
JACKSONVILLE, FL 32216 US

FEI Number: 59-2770291

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIRSTSERVICE RESIDENTIAL
6620 SOUTHPOINT DRIVE SOUTH
SUITE 610
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: DAVID HAMM

03/26/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name KLOEPPEL, MARVIN
Address 6620 SOUTHPOINT DRIVE SOUTH
SUITE 610
City-State-Zip: JACKSONVILLE FL 32216

Title VPD
Name KENNY, PAUL G.
Address 6620 SOUTHPOINT DRIVE SOUTH
SUITE 610
City-State-Zip: JACKSONVILLE FL 32216

Title TSD
Name HAMM, DAVID J.
Address 6620 SOUTHPOINT DRIVE SOUTH
SUITE 610
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name SOBIC, NIK
Address 6620 SOUTHPOINT DRIVE SOUTH
SUITE 610
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name LYNCH, SEAN
Address 6620 SOUTHPOINT DRIVE SOUTH
SUITE 610
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: DAVID HAMM

TSD

03/26/2018

Electronic Signature of Signing Officer/Director Detail

Date