

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769150

**FILED  
Apr 18, 2013  
Secretary of State  
CC5417198170**

**Entity Name:** SEAWIND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

11512 LAKE MEAD AVENUE  
SUITE 405  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7643 GATE PARKWAY  
SUITE 104, PMB 188  
JACKSONVILLE, FL 32256

**FEI Number:** 59-2770291

**Certificate of Status Desired:** No

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

BALASKIEWICZ, KIM CPA  
11512 LAKE MEAD AVENUE  
SUITE 405  
JACKSONVILLE, FL 32256 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 C.  
Address 7643 GATE PKWY, SUITE 104 PMB 188  
City-State-Zip: JACKSONVILLE FL 32256

Title VPD  
Name HAMM, DAVID J.  
Address 7643 GATE PKWY, SUITE 104 PMB 188  
City-State-Zip: JACKSONVILLE FL 32256

Title TSD  
Name GEISER, DARLENE  
Address 7643 GATE PKWY, SUITE 104 PMB 188  
City-State-Zip: JACKSONVILLE FL 32256

*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 C. KLOEPPEL

**PRESIDENT**

**04/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date