

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769150

**FILED  
Apr 19, 2016  
Secretary of State  
CC8222955871**

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

**Current Principal Place of Business:**

6960 BONNEVAL ROAD  
SUITE 302  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6960 BONNEVAL ROAD  
SUITE 302  
JACKSONVILLE, FL 32216 US

**FEI Number:** 59-2770291

**Certificate of Status Desired:** No

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

BALASKIEWICZ, KIM CPA  
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 KLOEPEL, MARVIN  
Address 6960 BONNEVAL ROAD  
SUITE 302  
City-State-Zip: JACKSONVILLE FL 32216

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

Title TSD  
Name HAMM, DAVID J.  
Address 6960 BONNEVAL ROAD  
SUITE 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 KLOEPEL

**PRESIDENT**

**04/19/2016**

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

\_\_\_\_\_  
Date