

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769401

FILED
Feb 08, 2019
Secretary of State
7897201311CC

Entity Name: SEA WINDS CONDOMINIUM ASSOCIATION OF ST. AUGUSTINE BEACH, INC.

Current Principal Place of Business:

890 A1A BEACH BLVD.
ST AUGUSTINE, FL 32080

Current Mailing Address:

890 A1A BEACH BLVD
ST AUGUSTINE, FL 32080 US

FEI Number: 59-2314034

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMPSON, GARY L
4845 BELLE TERRE PKWY
#C19
PALM COAST, FL 32164 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: GARY L THOMPSON

02/08/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name PEET, JEFFREY
Address 890 A1A BEACH BLVD.
City-State-Zip: ST AUGUSTINE FL 32080

Title PRESIDENT, DIRECTOR
Name HARTMAN, JANE
Address 890 A1A BEACH BLVD
City-State-Zip: ST AUGUSTINE FL 32080

Title SECRETARY, DIRECTOR
Name SMITH, NIGEL
Address 890 A1A BEACH BLVD
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR, VP
Name HUGHES, MIKE
Address 890 A1A BEACH BLVD.
City-State-Zip: ST AUGUSTINE FL 32080

Title TREASURER, DIRECTOR
Name WEIR, PETER
Address 890 A1A BEACH BLVD UNIT 42
City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR
Name PATERSON, LIZ
Address 890 A1A BEACH BLVD.
City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR
Name DELROSARIO, CARL
Address 890 A1A BEACH BLVD.
City-State-Zip: ST AUGUSTINE FL 32080

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: JANE HARTMAN

PRESIDENT

02/08/2019

Electronic Signature of Signing Officer/Director Detail

Date