

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769401

**FILED**  
**May 01, 2014**  
**Secretary of State**  
**CC9002363978**

**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:**

DAY, RICHARD R  
132 SEMINOLE ROAD  
ST AUGUSTINE, FL 32086 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: RICHARD R DAY

05/01/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           HUGHES, MIKE  
Address        1008 CEDAR COVE  
City-State-Zip: ST AUGUSTINE FL 32086

Title           VP, DIRECTOR  
Name           PEET, JEFFREY  
Address        145 SW 134TH TERRACE  
City-State-Zip: NEWBERRY FL 32669

Title           PRESIDENT, DIRECTOR  
Name           LOUDON, DOUGLAS  
Address        PO BOX 378  
City-State-Zip: MERIDEN NH 03770

Title           SECRETARY, DIRECTOR  
Name           SMITH, NIGEL  
Address        890 A1A BEACH BLVD UNIT 71  
City-State-Zip: ST. AUGUSTINE FL 32080

Title           DIRECTOR  
Name           HARTMAN, JANE  
Address        890 A1A BEACH BLVD UNIT 3  
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: MIKE HUGHES

TREASURER

05/01/2014

Electronic Signature of Signing Officer/Director Detail

Date