

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000262

**Entity Name:** EASTWINDS CONDOMINIUM ASSOCIATION OF JACKSONVILLE BEACH, INC.

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**6446155174CC**

**Current Principal Place of Business:**

461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080 US

**FEI Number: 04-3589851**

**Certificate of Status Desired: No**

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

SOVEREIGN & JACOBS PROPERTY MANAGEMENT  
461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080 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:** ELLEN LUMPKIN

02/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name TERRIET, MENNO FRANK  
Address 461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title TREASURER  
Name SPURIA, ANTHONY  
Address 461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title PRESIDENT  
Name MILEY, BILL  
Address 461 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:** BILL MILEY

PRESIDENT

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date