

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90014 014 ****61.25

DOCUMENT # 724620

1. Entity Name
SEA WINDS OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
CONDOMINIUM MGMT., INC **CONDOMINIUM MGMT., INC**
1801 GLENGARY ST. **1801 GLENGARY ST.**
SARASOTA FL 34231-3603 **SARASOTA FL 34231-3603**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-1631034 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

CONDOMINIUM MGMT., INC Name **Argus Property Mgmt**
1801 GLENGARY ST. Street Address (P.O. Box Number is Not Acceptable) **1200 Siesta Bayside Dr.**
SARASOTA FL 34231-3603 City **Sarasota** **FL** Zip Code **34242**

8. 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 *Shawn L. Fitzer, CAM Agent* DATE *2/6/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALEK, EDWARD		NAME	Ed Stebner	
STREET ADDRESS	264 RIVER ISLES		STREET ADDRESS	432 S. Shore Dr.	
CITY-ST-ZIP	BRADENTON FL 34208		CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENNER, JOHN A		NAME	Jay Straka	
STREET ADDRESS	407 MILL FARM ROAD		STREET ADDRESS	8525 Country Meadow Dr.	
CITY-ST-ZIP	NOBLESVILLE IN 46060		CITY-ST-ZIP	Indianapolis, IN 46234	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	T, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORNTON, LINDA D		NAME	Cathy Retick	
STREET ADDRESS	6703 MIDNIGHT PASS ROAD, 210		STREET ADDRESS	46 East Market st	
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	German town, OH 45327	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALEK, EDWARD		NAME	Bernadette Dolan-Bennett	
STREET ADDRESS	264 RIVER ISLES		STREET ADDRESS	6703 Midnight Pass Rd #216	
CITY-ST-ZIP	BRADENTON FL 34208		CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, RICHARD		NAME		
STREET ADDRESS	1801 GLENGARY ST.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shawn L. Fitzer* **SIGNATURE REQUIRED** DATE *02-26-01* DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)