2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
05-23-2002 90115 049 ****61.25

DOCUMENT # 724620

1. Entity Name

SEA WINDS OWNERS ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Sea Winds Condominium	2477 Stickney Pt Rd
Suite, Apt. #, etc. 6703 Midnight Pass Rd	Suite, Apt. #, etc. Suite 118A
City & State Sarasota Fl	City & State Sarasota Fl
Zip 34242	Country
Zip 34231	Country

4. FEI Number 59-1631034 ☐ Applied For ☐ 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
ARGUS PROPERTY MGMT 1200 SIESTA BAYSIDE DR SARASOTA FL 34242	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Scott P. 4/8/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEBNER, ED 432 S SHORE DR OSPREY FL 34229	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ed Malek 6703 Midnight Pass Rd Sarasota Fl 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ President ~~[illegible]~~ 8525 CNTRY MEADOW DR INDIANAPOLIS IN 46234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		~~☐ Change~~ ~~☐ Addition~~ ☒
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THORNTON, LINDA D 6703 MIDNIGHT PASS ROAD, 210 SARASOTA FL 34242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS RETICH, CATHY 46 E MARKET ST GERMANTOWN OH 45327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOLAN-BENNETT, BERNADETTE 6703 MIDNIGHT PASS RD #216 SARASOTA FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jim Moynihan 6703 Midnight Pass Rd Sarasota Fl 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED 4/9/02 317-241-4234

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