2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 29, 2005 8:00 am Secretary of State

DOCUMENT # 724620 1. Entity Name SEA WINDS OWNERS ASSOCIATION, IN				vc.				04-29-2005 90286 019 ****61.25				
SEAWINDS CONDOMINIUM 24 6703 MIDNIGHT PARK RD ST				ling Address 177 STICKNEY PT RD E 118A RASOTA, FL 34231				14011132				
2. Principal Place of Business 3. A			Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01212005 C	ng-NP	CR2E03	7 (10/03)		
City & State				City & State				4. FEI Number 59-163103	4			oplied For of Applicable
Zip	Cip Country			Zip Country				5. Certificate of St	atus Desired		\$8.75 Add	
6. Name and Address of Current Registe								7. Name and Address of New Registered Agent				
ARGUS PROPERTY MGMT 1200 SIESTA BAYSIDE DR SARASOTA, FL 34242				Name Arches Property Mont Streed Address (P.O. Box Number is Novebceptable) 3177 Stickney Point Rd #118A							1	
!						City	2005	7 D		FL	Zip Coo	گا ا
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. I am familiar with, and accept the obligations of registered agent.												and accept
SIGNATURE	Luda Sprature, typed	Mounton I or printed name of registered agent	and title if a	pplicable (NOTi	E: Registered	l Agent signal	ure required	when reinstating)		4/2- DATE	7/05	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	VP	OFFICERS AND DI	RECTOR	 	11.			ADDITIONS/CHANG	ES TO OFFICE	RS AND DIF		
NAME STREET ADDRESS CITY-ST-ZIP	VANERMEULEN, RITA			☐ Delete	lete ! 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			☐ Oelete	elete Title Name Street addre City-St-Zip						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RETICH, 46 E MAF GERMAN			Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINZ, C 646 LEDI SAGINAV			☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7067 TRE	N, CHARLES EYMORE CT. TA, FL 34233		Delete		T ADORESS ST-ZIP	D to see a	ka, Jay County Me innepolis,	ndaw Dr IN463	·. 134	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete	CITY-	T ADDRESS ST-ZIP					Change	Addition
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.												
SIGNAT	URE:	SIGNATURE AND TYPED OR	RINTED N.	LINDA		enton OR	J	4/	27/0J		ytime Phone #	