

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724620

FILED
Feb 19, 2009
Secretary of State

Entity Name: SEA WINDS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SEAWINDS CONDOMINIUM
6703 MIDNIGHT PARK RD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

2477 STICKNEY PT RD
STE 118A
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 59-1631034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUS PROPERTY MGMT
2477 STICKNEY POINT RD #118A
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: VANERMEULEN, RITA
Address: 28 CEDAR RIDGE DR.
City-St-Zip: W. SENECA, NY 14227

Title: VD () Delete
Name: THORNTON, LINDA D
Address: 6703 MIDNIGHT PASS ROAD, 210
City-St-Zip: SARASOTA, FL 34242

Title: PD () Delete
Name: RETTICH, KATHY
Address: 46 E MARKET ST
City-St-Zip: GERMANTOWN, OH 45327

Title: T () Delete
Name: HILBIG, DARLEEN
Address: 6703 MIDNIGHT PASS RD. #201
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: HANSEN, RHONDA
Address: 7837 N LEAWYN CT.
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WALT HAMMERLING

MGA

02/19/2009

Electronic Signature of Signing Officer or Director

Date