

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90995 014 \*\*\*\*61.25

<b>DOCUMENT # 749583</b> 1. Entity Name <b>OCEAN WINDS, INC.</b>					
Principal Place of Business <b>OCEAN WINDS CONDO</b> <b>2101 N. ATLANTIC AVE</b> <b>DAYTONA BEACH, FL 32118 US</b>			Mailing Address <b>ATLANTIC COMM ASSOC MGMT &amp; ACC. INC.</b> <b>507 HERBERT ST., STE. C</b> <b>PORT ORANGE, FL 32129 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2026375</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>REIMER, R L</b> <b>507-C HERBERT ST</b> <b>PORT ORANGE, FL 32129</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MANDELL, LOIS</b> <b>2101 N ATLANTIC AVE, #10</b> <b>DAYTONA BEACH, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>GIAMBONA, LOVETTA</b> <b>2101 N ATLANTIC AVE #9</b> <b>DAYTONA BEACH, FL 32118</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GILL, VIRGINIA</b> <b>2101 N ATLANTIC AVE</b> <b>DAYTONA BEACH, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MILLER, GARRY T J</b> <b>2101 N ATLANTIC AVENUE, #1</b> <b>DAYTONA BEACH, FL 32118</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ASHBURN, JAMES</b> <b>1720 N ATLANTIC AVE</b> <b>DAYTONA BEACH, FL 32118</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Lois Mandell, Inc. Treas.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

74065837



04022004 Chg-NP CR2E037 (10/03)