


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90032 048 ****61.25

DOCUMENT # 760664 1. Entity Name EASTWIND OF SATELLITE BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1455 A1A SATELLITE BEACH, FL 32937			Mailing Address C/O VISTA PROPERTIES MGMT 100 VISTA ROYALE BLVD VERO BCH, FL 32962 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
03222005 Chg-NP CR2E037 (10/03)					
4. FEI Number 59-2269386					Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>					\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEVINE, JAY STEVEN 2500 N MILITARY TRAIL SUITE 490 BOCA RATON, FL 33431			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STUMPF, JOHN <input checked="" type="checkbox"/> Delete		NAME	Neal, Charlotte	
STREET ADDRESS	1465 A1A #305		STREET ADDRESS	1455 A1A, # 409	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MORAN, DAVID		NAME	Howe, JOHN	
STREET ADDRESS	1455 A1A #310		STREET ADDRESS	5583 Jessamine Lane	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP	Orlando, FL 32837	
TITLE	DS <input type="checkbox"/> Delete		TITLE		
NAME	WILSON, IRIS		NAME		
STREET ADDRESS	1465 A1A, #502		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARANOWSKI, EDWARD		NAME		
STREET ADDRESS	PO BOX 361115		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEPHEN, PERRY		NAME		
STREET ADDRESS	3301 SOUTH LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		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: Edward A. Baranowski <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-29-05 321-752-6785 <small>Date Daytime Phone #</small>		