

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761338

FILED
Jan 29, 2008
Secretary of State

Entity Name: SEAWINDS SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% RESIDENT MANAGER
5080 N OCEAN DR
SINGER ISLAND, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

% RESIDENT MANAGER
5080 N OCEAN DR
SINGER ISLAND, FL 33404 US

New Mailing Address:

FEI Number: 59-2274157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHNER, LARRY E ESQ
450 S DIXIE HIGHWAY
BOCA RATON, FL 33432 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: VSD () Delete
Name: CICATELLO, MARTIN
Address: 5030 N OCEAN DR #LANAI A
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: VTD () Delete
Name: WIEGAND, ROBERT
Address: 5070 NORTH OCEAN DR #18A
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: PD () Delete
Name: MELDAHL, DEBORAH
Address: 5070 NORTH OCEAN DR #11A
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: AS () Delete
Name: GARBER, JAN
Address: 1791 SOUTH CLUB DRIVE
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: 1AT () Delete
Name: LORETTA, ANDRUS
Address: 5070 NORTH OCEAN DRIVE #20A
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: 2AT () Delete
Name: FREEMAN, IRVING
Address: 5070 N. OCEAN DRIVE 3C
City-St-Zip: SINGER ISLAND, FL 33404 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: AS (X) Change () Addition
Name: GARBER, JAN
Address: 1791 SOUTH CLUB DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

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: JAN GARBER

AS

01/29/2008

Electronic Signature of Signing Officer or Director

Date