

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761339

FILED  
May 21, 2010  
Secretary of State

**Entity Name:** SEAWINDS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2274162      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROSS, DEBORAH ESQ  
759 SOUTH FEDERAL HIGHWAY, STE 212  
STUART, FL 34994 US

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: 2VD  
Name: WAGNER, DONALD  
Address: 5080 N OCEAN DR #15C  
City-St-Zip: SINGER ISLAND, FL 33404

Title: TD  
Name: MORRIS, GERALD  
Address: 5080 N OCEAN DR #18A  
City-St-Zip: SINGER ISLAND, FL 33404

Title: 1VD  
Name: ANDERSON, WAYNE  
Address: 5070 N OCEAN DR #19A  
City-St-Zip: SINGER ISLAND, FL 33404

Title: PD  
Name: SPINRAD, RUBEN  
Address: 5080 N OCEAN DRIVE #11B  
City-St-Zip: SINGER ISLAND, FL 33404

Title: S  
Name: MERNIS, MICHAEL  
Address: 5080 NORTH OCEAN DRIVE #3C  
City-St-Zip: SINGER ISLAND, FL 33404

Title: AS  
Name: ARRIEN, JOYCE  
Address: 3377 TYRINGHAM DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby 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 all other like empowered.

SIGNATURE: JOYCE ARRIEN

AS

05/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date