


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 765252 1. Entity Name SEAWIND II HOMEOWNERS ASSOCIATION, INC.	
--	---

Principal Place of Business 830 E GULF DRIVE UNIT 1 SANIBEL, FL 33957 US	Mailing Address % RICHARD POULIN 10 QUARRY DRIVE ROCHESTER, NH 03867 US
--	---

DO NOT WRITE IN THIS SPACE



02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2775735	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**POULIN, RICHARD
830 E. GULF DRIVE
UNIT 1
SANIBEL, FL 33957**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POULIN, RICHARD 10 QUARRY DRIVE ROCHESTER, NH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHANK, LYLE 143222 91ST PLACE N MAPLE GROVE, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTO, LOUIS 261 W. TROPICAL WAY PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OWEN, CAROLE 9 CLOVE HILL CIRCLE BLOOMINGTON, IL 61704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000233677
02/17/05-80051-005 61.25

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: Richard Poulin **RICHARD POULIN** 2-11-05 239-395-0387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *