2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 765252

1. Entity Name
SEAWIND II HOMEOWNERS ASSOCIATION, INC.

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

01162006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2775735
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 Richard Poulin Treas 1-31-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000423992
02/18/06 -80024-017 61.25

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Treas 1-31-06 603 332 2010 239 395 0387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #