FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -6 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766899 (9)

1. Corporation Name

SEAWINDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1501 DECKER AVE STE 112 STUART FL 34994 US	1501 DECKER AVE STE 112 STUART FL 34994 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1983
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2454522 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

JANE CORNETT/ WACKEEN CORNETT & GOOGE
401 E. OSCEOLA ST
STE. 10
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	XX Change ☐ Addition
NAME	MCDONALD, JIM	1.2 NAME	Ficarelli, Eleanor	
STREET ADDRESS	1743 HONDO AVE	1.3 STREET ADDRESS	10044 S. Ocean Drive #1108	
CITY-ST-ZIP	PORT ST LUCIE FL	1.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	S	2.1 TITLE	SD	XX Change ☐ Addition
NAME	MCSPADDEN, BILL	2.2 NAME	McSpadden,William	
STREET ADDRESS	10044 S. OCEAN DRIVE 602	2.3 STREET ADDRESS	10044 S. Ocean Drive #602	
CITY-ST-ZIP	JENSEN BEACH FL	2.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	LABROAD, ROBERT	3.2 NAME		
STREET ADDRESS	10044 S OCEAN DR S608	3.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE	VPD	XX Change ☐ Addition
NAME	GAROFALO, HAROLD	4.2 NAME	Garolfalo, Harold	
STREET ADDRESS	10044 S. OCEAN DR 803	4.3 STREET ADDRESS	10044 S. Ocean DRive #803	
CITY-ST-ZIP	JENSEN BEACH FL	4.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	VILLNAVE, DONALD	5.2 NAME		
STREET ADDRESS	10044 S OCEAN DR S103	5.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-19-95 407-229-5164
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020080