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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34994-3964 US

3. Date Incorporated or Qualified: 02/09/1983
3a. Date of Last Report: 02/26/1996

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:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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: JANE CORNETT/WACKEEN, CORNETT & GOOGE
82 Street Address (P.O. Box Number is Not Acceptable): 401 E OSCEOLA ST
83: STE. 10
84 City: STUART **FL** 85 Zip Code: 34994

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☒ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	FICARELLI, ELEANOR		1.2 NAME	FICARELLI, ELEANOR	
STREET ADDRESS	10044 S. OCEAN DRIVE, #1108		1.3 STREET ADDRESS	10044 S OCEAN DR, #1108	
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY-ST-ZIP	JENSEN BEACH, FL	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	MCSPADDEN, WILLIAM		2.2 NAME	HUGO PUGLISI	
STREET ADDRESS	10044 S. OCEAN DRIVE, #802		2.3 STREET ADDRESS	10044 S OCEAN DRIVE, #107	
CITY-ST-ZIP	JENSEN BEACH FL		2.4 CITY-ST-ZIP	JENSEN BEACH, FL	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	LABROAD, ROBERT		3.2 NAME	LABROAD, ROBERT	
STREET ADDRESS	10044 S OCEAN DR S608		3.3 STREET ADDRESS	10044 S OCEAN DR, #608	
CITY-ST-ZIP	JENSEN BEACH FL		3.4 CITY-ST-ZIP	JENSEN BEACH, FL	
TITLE	VPD	☒ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	GAROLFALO, HAROLD		4.2 NAME	WALLY LaFLEUR	
STREET ADDRESS	10044 S. OCEAN DIRVE, #803		4.3 STREET ADDRESS	10044 S OCEAN DRIVE, #303	
CITY-ST-ZIP	JENSEN BEACH FL		4.4 CITY-ST-ZIP	JENSEN BEACH, FL	
TITLE	PD	☒ DELETE	5.1 TITLE	PD	☐ Change ☐ Addition
NAME	VILLNAVE, DONALD		5.2 NAME	VILLNAVE, DONALD	
STREET ADDRESS	10044 S OCEAN DR S103		5.3 STREET ADDRESS	10044 S OCEAN DR, #108	
CITY-ST-ZIP	JENSEN BEACH FL		5.4 CITY-ST-ZIP	JENSEN BEACH, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Robert J. LaBroad REQUIRED ROBERT J. LA BROAD 4-8-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0071943