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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766899 ✓

1. Corporation Name

SEA WINDS CONDOMINIUM ASSOC., Inc.

Principal Place of Business

Mailing Address

10044 S. OCEAN DR.
JENSEN BEACH, FL
34957

100 PRIDE PROPERTY MGMT.
111 EGRET DRIVE
JUPITER, FL 33458

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

4. FEI Number

Applied For

22

27

59-2454522

Not Applicable

23

28

5. Certificate of Status Desired ☐

\$8.75 Additional

24

29

6. Election Campaign Financing

\$5.00 May Be

25

30

Trust Fund Contribution ☐

Added to Fees

26

31

7. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

27

32

81. Name

ALAN PIECEWICZ

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82. Street Address (P.O. Box Number is Not Acceptable)

111 EGRET DRIVE

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83.

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84. City

JUPITER

FL

85. Zip Code

33458

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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 617.0502, Florida Statutes.

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SIGNATURE

ALAN PIECEWICZ

4/12/99

33

38

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

34

39

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

35

40

1.1 TITLE

☐ Change

☐ Addition

36

41

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

37

42

2.1 TITLE

☐ Change

☐ Addition

38

43

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

39

44

3.1 TITLE

☐ Change

☐ Addition

40

45

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

41

46

4.1 TITLE

☐ Change

☐ Addition

42

47

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

43

48

5.1 TITLE

☐ Change

☐ Addition

44

49

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

45

50

6.1 TITLE

☐ Change

☐ Addition

46

51

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. 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 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, with all other like empowered.

SIGNATURE:

Don. Villanave

4-12-99

561-2295184

CR2E037 (11/98)