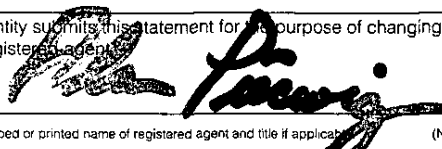
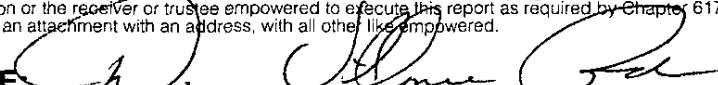


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90245 006 ****61.25

DOCUMENT # 766899 1. Entity Name SEAWINDS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10044 S OCEAN DRIVE JENSEN BCH FL 34957 US			Mailing Address SEA WINDS CONDE 10044 S OCEAN DR JENSEN BEACH FL 34967 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PIECEWICZ, ALAN F 2015 S.E. ISABELL RD. PORT SAINT LUCIE FL 34952				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE 4/1/04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LABROAD, ROBERT 10044 S. OCEAN-DRIVE C JENSEN BEACH FL 34957 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPERANZA, VIOLA 10044 S. OCEAN DR (404) JENSEN BEACH FL 34957 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUFAN, VIRGINIA 10044 S. OCEAN DRIVE C JENSEN BEACH FL 34957 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PROBERT, JAMES 10044 S. OCEAN DR. (304) JENSEN BEACH, FL 34957 ☒ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLNAVE, DONALD 10044 S OCEAN DR #901 JENSEN BEACH FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITHERS, JAMES 10044 S. OCEAN DR. (102) JENSEN BEACH, FL 34957 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  4-1-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



MOORE CR2E037 (11/03)

4. FEI Number **59-2454522** Applied For ☐ Not Applicable

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

FL Zip Code

DATE

Make Check Payable to
Florida Department of State

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

Date

Daytime Phone #