


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90063 028 \*\*\*\*61.25

<b>DOCUMENT # 766899</b>					
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		4. FEI Number 59-2454522	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <u>Kathleen A. Gassmann</u> Street Address (P.O. Box Number is Not Acceptable) <u>601-A Pinecrest Circle</u> City <u>Jupiter</u> FL Zip Code <u>33458</u>		
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 <u>Kathleen A. Gassmann</u>			DATE <u>3/8/06</u>		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LABROAD, ROBERT		NAME		
STREET ADDRESS	10044 S. OCEAN DRIVE C		STREET ADDRESS		
CITY - ST - ZIP	JENSEN BEACH, FL 34957		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPERANZA, VIOLA		NAME		
STREET ADDRESS	10044 S. OCEAN DR (404)		STREET ADDRESS		
CITY - ST - ZIP	JENSEN BEACH, FL 34957		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRUETT, JAMES		NAME		
STREET ADDRESS	10044 S. OCEAN DR. (304)		STREET ADDRESS		
CITY - ST - ZIP	JENSEN BEACH, FL 34957		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VILLNAVE, DONALD		NAME		
STREET ADDRESS	10044 S OCEAN DR #901		STREET ADDRESS		
CITY - ST - ZIP	JENSEN BEACH, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VARS, JOSEPH		NAME		
STREET ADDRESS	110044 S OCEAN DR #308		STREET ADDRESS		
CITY - ST - ZIP	JENSEN BEACH, FL 34957		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Don Villnave</u>			DATE: <u>3-8-06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		