


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90144 005 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		03302007 Chg-NP CR2E037 (12/06)
4. FEI Number 59-2454522				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GASSMANN, KATHLEEN A 601-A PINCREST CIRCLE JUPITER, FL 33458			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	TD LABROAD, ROBERT 10044 S. OCEAN DRIVE C JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mooradian, Harry 1044 S. Ocean Dr. # 1008 Jensen Beach, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPERANZA, VIOLA 10044 S. OCEAN DR (404) JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRUETT, JAMES 10044 S. OCEAN DR. (304) JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Shulman, Sandra 10044 S. Ocean Dr. # Jensen Beach, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLNAVE, DONALD 10044 S OCEAN DR #901 JENSEN BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brancato, Thomas 10044 S. Ocean Dr. #1005 Jensen Beach, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARS, JOSEPH 110044 S OCEAN DR #308 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Thomas Brancato</u> THOMAS BRANCATO 5/30/07 772-229-7775					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					