## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 23, 2003 8:00 am Secretary of State DOCUMENT # 766899 04-23-2003 90147 007 \*\*\*\*61.25 SEAWINDS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address SEA WINDS CONDE 10044 S OCEAN DRIVE JENSEN BCH FL 34957 10044 S OCEAN DR JENSEN BEACH FL 34967 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2454522 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 16CECIOS PIECEWICZ, ALAN 111 EGRET DR JUPITER FL 33458 ST. LUCIE 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11, TITLE Delete TITLE LABROAD ROBER MOORADIAN, HARY LOGGE S. SCEAN DRIVE ( STREET ADDRESS 10044 S. OCEAN DRIVE (1008) STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JENSEN BEACH FL 34957 ☐ Change ☐ Addition TITLE ☐ Delete TITLE SPERANZA, VIOLA NAME NAME STREET ADDRESS 10044 S. OCEAN DR (404) STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 DEFAN VIRGINIA Change Addition Delete TITLE TITLE ESPOSITO, WAYNE NAME NAME 1044 S. OCEAN DRIVE (401) STREET ADDRESS STREET ADDRESS JENSEW DEACH, FL 34987 CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete TITLE Change ☐ Addition TITLE VILLNAVE, DONALD NAME NAME 10044 S OCEAN DR #901 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL TITLE Addition TITLE ☐ Defete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 e

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**SIGNATURE** 

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