

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 839694 (7)

1. Corporation Name

SEAWIND LAND CORPORATION



Principal Place of Business

Mailing Address

4400 PGA BLVD
STE 601
PALM BEACH GARDENS FL 33410
US

1201 ELM ST. ATTN: TAX ADMIN. DEPT.
PO BOX 900
DALLAS TX 75221

3. Date Incorporated or Qualified
12/20/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3225 GALLOWAY ROAD

4. FEI Number
13-2921765

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STATE TAX DEPT

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

City & State

City & State

23 FAIRFAX VA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 22037 25 26 USA

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE

1.1 TITLE EVID ☒ Change ☐ Addition

NAME GRECO, N.G.
STREET ADDRESS 11911 FREEDOM DR.
CITY-ST-ZIP RESTON VA

1.2 NAME GRACO, N.G.
1.3 STREET ADDRESS 11911 FREEDOM DRIVE
1.4 CITY-ST-ZIP RESTON VA 22090

TITLE T ☒ DELETE

2.1 TITLE T ☐ Change ☒ Addition

NAME CASELLI, J.A.
STREET ADDRESS 3225 GALLOWAY RD.
CITY-ST-ZIP FAIRFAX VA

2.2 NAME SARNOWSKI, J.A.
2.3 STREET ADDRESS 3225 GALLOWAY ROAD
2.4 CITY-ST-ZIP FAIRFAX VA 22037

TITLE EVP ☐ DELETE

3.1 TITLE CID ☒ Change ☐ Addition

NAME DEIHL, W.D.
STREET ADDRESS 11911 FREEDOM DRIVE
CITY-ST-ZIP RESTON VA

3.2 NAME DEIHL, W.D.
3.3 STREET ADDRESS 11911 FREEDOM DRIVE
3.4 CITY-ST-ZIP RESTON VA 22090

TITLE S ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME STEVENSON, P.A.
STREET ADDRESS 3225 GALLOWAY RD.
CITY-ST-ZIP FAIRFAX VA

4.2 NAME ☐ Change ☐ Addition

TITLE VP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME HONIG, S.
STREET ADDRESS 4440 PGA BOULEVARD #106
CITY-ST-ZIP PALM BCH GARDENS FL

5.2 NAME ☐ Change ☐ Addition

TITLE AS ☒ DELETE

6.1 TITLE AS ☐ Change ☒ Addition

NAME OLSON, C.T.
STREET ADDRESS 1201 ELM ST.
CITY-ST-ZIP DALLAS TX

6.2 NAME GARNEY, G.G.
6.3 STREET ADDRESS 3225 GALLOWAY ROAD
6.4 CITY-ST-ZIP FAIRFAX VA 22037

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

G.G. GARNEY ASST. SECRETARY

4/22/96

(713) 846-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)