

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90194 004 ***150.00

DOCUMENT # 839694

1. Corporation Name

SEAWIND LAND CORPORATION

Principal Place of Business

4400 PGA BLVD
STE 601
PALM BEACH GARDENS FL 33410
US

Mailing Address

3225 GALLOWES ROAD
STATE TAX DEPT.
FAIRFAX VA 22037
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1977

4. FEI Number

13-2921765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 PD ☐ DELETE
NAME PATOCKA, B A
STREET ADDRESS 3225 GALLOWES ROAD
CITY-ST-ZIP FAIRFAX VA 22037

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME SARNOWSKI, J.A.
STREET ADDRESS 3225 GALLOWES RD.
CITY-ST-ZIP FAIRFAX VA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VASD ☐ DELETE
NAME SKLANSKY, P.E.
STREET ADDRESS 3225 GALLOWES ROAD
CITY-ST-ZIP FAIRFAX VA 22037

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME STEVENSON, P.A.
STREET ADDRESS 3225 GALLOWES RD.
CITY-ST-ZIP FAIRFAX VA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE AT ☐ DELETE
NAME CAVALIERE, A L
STREET ADDRESS 3225 GALLOWES ROAD
CITY-ST-ZIP FAIRFAX VA 22037

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AC ☐ DELETE
NAME LOPEZ, S A
STREET ADDRESS 3225 GALLOWES ROAD
CITY-ST-ZIP FAIRFAX VA 22037

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Controller 4/8/99

703-846-1438

Date

Daytime Phone #

CR2E034 (11/98)