

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852132 (0)

1. Corporation Name

SEAWIND REALTY CORPORATION

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 **3300 PGA BLVD**

26 **3225 GALLOWS ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 900**

27 **STATE TAX DEPARTMENT**

City & State

City & State

23 **PALM BEACH GARDENS, FL**

28 **FAIRFAX, VA**

Zip

Country

Zip

Country

24 **33410**

25

29 **22037**

30

3. Date Incorporated or Qualified

03/10/1982

3a. Date of Last Report

05/01/1996

4. FEI Number

75-1790575

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

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

500002175755

84 City

05/13/97--01002--044

Zip Code

*****165.00**

FL

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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1.1 TITLE	C/P/D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	PATOCKA, B. A.		
1.3 STREET ADDRESS	3225 GALLOWS ROAD		
1.4 CITY-STATE-ZIP	FAIRFAX, VA 22037		
2.1 TITLE	V/D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	PEEL, N. D.		
2.3 STREET ADDRESS	3225 GALLOWS ROAD		
2.4 CITY-STATE-ZIP	FAIRFAX, VA 22037		
3.1 TITLE	I	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	SARNOWSKI, J. A.		
3.3 STREET ADDRESS	3225 GALLOWS ROAD		
3.4 CITY-STATE-ZIP	FAIRFAX, VA 22037		
4.1 TITLE	S	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	STEVENSON, P. A.		
4.3 STREET ADDRESS	3225 GALLOWS ROAD		
4.4 CITY-STATE-ZIP	FAIRFAX, VA 22037		
5.1 TITLE	AT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	CAVALIERE, A. L.		
5.3 STREET ADDRESS	3225 GALLOWS ROAD		
5.4 CITY-STATE-ZIP	FAIRFAX, VA 22037		
6.1 TITLE	AC	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	LOPEZ, S. A.		
6.3 STREET ADDRESS	3225 GALLOWS ROAD		
6.4 CITY-STATE-ZIP	FAIRFAX, VA 22037		

14. I do 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 included 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: **S. A. Lopez:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

Date

(703) 846-1438

Daytime Phone #

CR2E034 (9/96)