


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90001 006 ***150.00

DOCUMENT # K77437	
1. Entity Name SEAWINDS COMMUNITIES, INC.	

Principal Place of Business 890 A1A BEACH BLVD ST AUGUSTINE BEACH FL 32080 US	Mailing Address 890 A1A BEACH BLVD ST AUGUSTINE BEACH FL 32080 US
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2. Principal Place of Business 371 A1A BEACH BLVD Suite, Apt. #, etc.	3. Mailing Address 371 A1A BEACH BLVD Suite, Apt. #, etc.
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City & State ST-AUGUSTINE BCH FL	City & State ST-AUGUSTINE BCH FL
Zip 32080	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 59-2967015	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 CUPOLO, STEVEN 890 A1A BEACH BLVD ST AUGUSTINE BEACH FL 32084	7. Name and Address of New Registered Agent Name CUPOLO STEVEN Street Address (P.O. Box Number is Not Acceptable) 371 A1A BEACH BLVD City ST-AUGUSTINE BCH FL Zip Code 32080
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE TP	<input type="checkbox"/> Delete	TITLE TP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEVEN, CUPOLO		NAME STEVEN CUPOLO	
STREET ADDRESS 890 A1A BEACH BLVD		STREET ADDRESS 9299 JULY LANE	
CITY-ST-ZIP ST AUGUSTINE BEACH FL		CITY-ST-ZIP ST-AUGUSTINE BCH FL 32080	
TITLE SVP	<input type="checkbox"/> Delete	TITLE SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHER, CUPOLO		NAME SHER CUPOLO	
STREET ADDRESS 890 A1A BEACH BLVD		STREET ADDRESS 9299 JULY LANE	
CITY-ST-ZIP ST AUGUSTINE BEACH FL		CITY-ST-ZIP ST-AUGUSTINE BCH FL 32080	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 607, 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:  **STEVEN CUPOLO** **MARCH 11, 2004 904 471 6718**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #